



COLCHESTER HIGH SCHOOL

Registration Form

Please complete in **BLOCK CAPITALS**. Return to the Admissions Department at the address shown on the back page, together with a non-refundable registration fee of £100.00

School of Entry

Nursery (2½ - 5)

Lower School (5 - 11)

Senior School (11 - 16)

Pupil Details (BLOCK CAPITALS)

Surname (As shown on passport)

Boy or Girl

Forenames (As shown on passport)

Known As

Date of Birth

Place of Birth

Nationality

Religious Denomination

First Language

Passport number

Proposed date of Entry

Have you registered your child's name at any other school/s and if so, which?

Pupil Home Address (BLOCK CAPITALS)

Previous Record

Present School

Head Teacher (name and title)

Date of Entry

Address

Telephone

Fax No.

Email

Previous School(s), with dates

Father's Full Name, Title and Address (BLOCK CAPITALS) Residential Billing Correspondence

Title First Name Surname

Home Address

Occupation Nationality Marital Status

Telephone (Work) Email (Work)

Telephone (Home) Fax No.

Mobile Email

Mother's Full Name, Title and Address (BLOCK CAPITALS) Residential Billing Correspondence

Title First Name Surname

Home Address

Occupation Nationality Marital Status

Telephone (Work) Email (Work)

Telephone (Home) Fax No.

Mobile Email

Do both parents have parental responsibility for the child? (If No, please give details in a covering letter).

Yes No

Do both parents agree that the child should attend the school? (If No, please give details in a covering letter).

Yes No

Is there anyone else whose consent to the child coming to the School is required? (If Yes, please give details in a covering letter).

Yes No

Is it proposed that anyone other than the parents will pay or guarantee payment of fees?

(If Yes, please give details in a covering letter).

Yes No

Name and address of person to whom accounts for fees should be sent (if not Parents or Guardian).

Sports, Extra-curricular activities and Achievements (School teams, etc. school prizes, hobbies and positions of responsibility held). Any artistic, dramatic or musical skills or experience?

General Health. Are there any special health problems of which the School should be aware? Are there any treatments required?

Does your child have any learning difficulties or identified special education needs? Is there a family history of any learning difficulties? (Please include an Educational Psychologists Report with your Application)

Please mention here the names of other members of the family attending Colchester High School or registered for entry; or any other connection with the school (e.g. Alumni) and their relationship to the applicant

Why have you chosen Colchester High School?

How did you find out about Colchester High School?

- | | |
|--|---|
| <input type="checkbox"/> Agent or Advisor | <input type="checkbox"/> Live locally |
| <input type="checkbox"/> Digital Promotion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Event | <input type="checkbox"/> Printed Promotion |
| <input type="checkbox"/> Friends or Family | <input type="checkbox"/> School or Kindergarten |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Sibling |

For International Applications only - If you are being represented by an Educational Agent, please give contact details

Company

Contact Name

Address

Telephone Number

Email Address

Please include a photocopy of the Birth Certificate and photograph page of your child's passport

Special Circumstances

Please inform us in a covering letter if:

1. The child has any known medical problem or allergy
2. The parents are separated or divorced. Please provide details of where the child lives and what custody arrangements are in place.
3. Any person named in this form expects to change address during the next 12 months
4. There are any Court Orders in relation to the child; for example, as to parental responsibility, residence, contact, prohibited steps, specific issues or periodical payments; or in relation to the parents or if either parent is an undischarged bankrupt or subject to an individual voluntary arrangement
5. The child may be unable to play a full part in the games and sporting curriculum of the School

Declaration

I / We request that the above named child be registered as a prospective pupil at Colchester High School. A cheque for the non-refundable fee of £100.00 is enclosed. I / We understand that the standard terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. I / We also understand that the School (through the Principal, as the person responsible) may obtain, process and hold personal information about our child, including references from their current school, sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is offered, in order to safeguard and promote the welfare of the child.

Signature of Father..... Date.....

Signature of Mother Date.....

Signature of Legal Guardian..... Date.....

(Not Educational Agent)

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.

Enclosures with completed Registration Form

- Registration Fee of £100
(Cheques made payable to Colchester High School)
- SEN Report
- Photocopy of Birth Certificate and photograph page from their Passport
- Ethnicity Form

Please return to

Admissions, Colchester High School, Wellesley Road, Colchester CO3 3HD

Tel: 01206 573389 Email: admissions@colchesterhighschool.co.uk www.colchesterhighschool.co.uk



COLCHESTER HIGH SCHOOL

Ethnicity Form

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration Form attached to this Form. Please also tick whether the form was filled in by a parent or the child.

Name of Child:

White:		Black or Black British:		Other ethnic group:	
British — English, Scottish or Welsh	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	(please give details)	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>		
Any other white background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>		
Mixed race:		Asian or Asian British:			
White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>		
Any other mixed background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		

This information was provided by:

Parent

Child

Please return the form to the school with your completed Registration Form

(Any information you provide will be used solely to compile statistics on diversity within the school. These statistics will not allow individual children to be identified).