Registration Form

Child's Full Name:	
Name by which Child is Known:	
Date of Birth:	Boy Girl
Term and Year of Entry:	
Details of Parents/Guardians	Details of Parents/Guardians
Title: Initials:	Title: Initials:
Surname:	Surname:
First name:	First name:
Relationship to child:	Relationship to child:
Marital Status (optional):	Marital Status (optional):
Occupation (optional):	Occupation (optional):
Nationality (optional):	Nationality (optional):
Address:	Address:
	_
Postcode:	Postcode:
Home Tel No:	Home Tel No:
Work Tel No:	Work Tel No:
Mobile No:	Mobile No:
E-mail:	E-mail:



Name and Address of Child's Current School, from which a reference may be sought (if applicable):		
Length of Time at Current School (Please include dates of attendance):		
Current Year Group:		
Name of Head:		
Nationality of Child (Optional):		
Religion (Optional):		
Child's First Language (If not English):		
Does your Child require a Visa to study in the UK?	Yes	\bigcirc_{No}
Are both parents in agreement that the child should attend the school if a place is offered?	Yes	\bigcirc_{No}
Are any of the persons named in this form expected to change address within one year?	Yes	\bigcirc_{No}
Does anyone else need to consent to the child attending the school? If yes, please provide details:	Yes	No
Are there any relevant court orders in relation to the child? (for example, in relation to parental respression residence, contact or child arrangement orders, prohibited steps, specific issues or periodical payme of the provide details:	· / \	Yes No



Any further relevant information, for example, in respect of any learning difficulty, special educational needs, disability, allergy, medical requirements, behavioural, emotional or social difficulty, or anything that might affect your child's life at the school.

If your child has ever had an Individual Education Plan (IEP), Statement of Special Educational Needs or Education, Health and

Care Plan (ECHP), please state and give details in a separate document, if necessary. If your child has been assessed by any of the following: Speech and Language therapist; Educational Psychologist; Educational Pschychiatrist; Paediatrician, please state and give details in a separate document, if necessary.		
Is the child able to participate fully in all school activities? Yes No If no, please provide details:		
How did you first hear about Dumpton School?		
Please detail any connections you may have with the school (full name and nature of connection):		
Siblings – to comply with safeguarding advice and guidance we need to ask for details of any siblings of the child. Please complete on a separate sheet if necessary:		
Full Name of Sibling:		
Date of Birth:		
Gender:		
Current School (if applicable):		
Full Name of Sibling:		
Date of Birth:		
Gender:		
Current School (if applicable):		

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Data Protection

For data protection purposes, Dumpton School is the data controller. The School will process personal data about the Parents and the prospective Pupil in accordance with applicable data protection laws. More details of our personal data processing activities generally can be found in the School's Data Protection Policy and Privacy Notices available on our website at **www.dumpton.com**. The information you have provided will help us to assess our ability to meet your child's needs and their suitability for a place at the School. Please note that no child will be considered for entry to the School unless the mandatory parts of this form are completed and returned prior to any deadlines for applications that may be set by the School from time to time. Failure to disclose mandatory information may lead to the withdrawal of any offer.

I/We understand that Dumpton School will process the personal data supplied in this form for the purpose of the assessment described above. Please indicate your consent to this processing by placing a tick in the box

You can withdraw your consent to the processing of any non-mandatory personal data which you supply by contacting the Bursar,

Dumpton School, Deans Grove House, Wimborne, Dorset, BH21 7AF.

Notes

This form should be completed in block letters and returned to the **Admissions Registrar, Dumpton School, Deans Grove House, Wimborne, Dorset, BH21 7AF** together with a remittance of £120 (inclusive of VAT), being a non-returnable Registration Fee. Bank transfers should be made to Lloyds Bank Ferndown, Account Name: Dumpton School, Account No: 27841568, Sort Code: 30-93-25. Please put your child's name in the reference.

Registration does not reserve a place for your child at Dumpton School. It means your child will be considered for a place and will be placed on its waiting list. When a place can be offered, an Acceptance Form will be sent to the above-named Parents/Guardians, together with the school's Parent/School Contract. The place will be reserved after completion of the Acceptance Form, lodgement of the required Confirmation Fee and confirmation of the reservation by the School.

I/We understand that signing this Registration Form does not give rise to a contract with Dumpton School. Each person with Parental Responsibility for the child is required to sign this Registration Form.

I/We request that the child named be registered as a prospective Pupil at the School.

Parent/Guardian:	Parent/Guardian:
Printed Name:	Printed Name:
Data	Data

Dumpton School, Deans Grove House Wimborne, Dorset BH21 7AF

