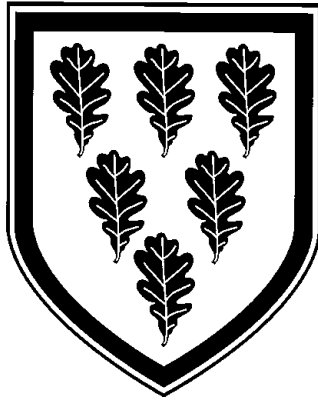


# CROSFIELDS SCHOOL



## Registration Form

Crosfields School  
Shinfield  
Reading  
Berkshire  
RG2 9BL  
0118 987 1810

[www.crosfields.com](http://www.crosfields.com)

## Nursery Application (if applicable)

**Entry Year.....**

Children may enter the Nursery Class in the September term following their third birthday. Children entering Reception from the Nursery Class take priority in the allocation of places.

Please tick in the table below your preferences for your child's attendance in their first term. **The minimum you may book is 5 sessions per week.** Changes may be made to your choice of sessions at a later date if you should wish.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b> 08.15 - 12.30					
<b>Day Full-Time</b> 08.15 - 15.15					
<b>Short Stay</b> 15.15 to 16.15 (no extra charge)					
<b>Long Stay</b> 16.15 - 17.50 (additional £10 per day)					

Please contact us as far as possible in advance if you would like to increase this attendance during the term or in subsequent terms. The expectation is that each child's attendance will build up to a minimum of 3 full days per week by the summer term prior to starting full time school.

Child's surname: \_\_\_\_\_

Child's first and other names:  
\_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Signed: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

**It is expected that children entering the Nursery Class will continue their education at Crosfields. Please therefore complete the remainder of this Registration Form.**

**RECEPTION TO YEAR 8 ENTRY**

We / I\* wish to reserve a place on the school list with effect from

\_\_\_\_\_ (entry date)

We/I\* enclose a cheque for £50.00 made payable to Crosfields School Trust Limited as a non-refundable registration fee. We/I\* acknowledge that a place will only be offered once our/my\* son/daughter\* has visited the school for an interview (**not** Nursery Class), a satisfactory reference from the current school (where appropriate) has been received and all obligations have been met at which point a deposit of £200 (which is held until your child moves to their next school) will be required. *For children entering in Reception the deposit of £200 is payable **prior** to interview.*

Child's surname, as shown on their birth certificate:

\_\_\_\_\_

Child's first and other names, as shown on their birth certificate:

\_\_\_\_\_

Name used daily, if different from the above:

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Nationality: \_\_\_\_\_

Gender: \_\_\_\_\_

If your child speaks English as a second language please indicate their first language:

\_\_\_\_\_

Name and address of current school/Nursery (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Name(s) and date of birth of any siblings:

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Who has parental responsibility for the child? **MOTHER/FATHER/JOINT\***

Who has legal contact with the child? **MOTHER/FATHER/JOINT\***

Are parents jointly responsible for your child's education? **YES/NO\***

**Father's Details**

Name:

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Home address:

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Occupation:

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Employer's name:

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Home telephone:

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Work telephone:

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Mobile:

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E-mail:

**Mother's Details**

Name:

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Home address:

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Occupation:

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Employer's name:

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Home telephone:

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Work telephone:

---

Mobile:

---

E-mail:

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Billing address, if different from the above:

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**Alternative contact 1**

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

**Alternative contact 2**

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Please specify any medical conditions your child may have. (You will be asked to complete a more detailed medical form once a place has been offered to your child):

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Please specify any dietary requirements:

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Any other special requirements or information about your child of which the school should be aware:

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I give permission for **photographs** of my child to be used within the school and for marketing purposes.

YES/NO\*

If you have answered "No" do you consent for photographs of your child being used internally within the school, e.g. **classroom/hallway** display?

YES/NO/Not applicable\*

I give permission for my **child's name** being published alongside any photographs used in local newspapers or magazines.

YES/NO\*

I give permission for my child to be **filmed** for use by the Crosfields Marketing Department.

YES/NO\*

We undertake to give a full term's notice in writing before the withdrawal of our son/daughter and we understand that failing such notice, the payment of a term's fees will be required by the Governors.

Signed:

\_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

**Office Use:**

Entry Date: \_\_\_\_\_

Pupil Number: \_\_\_\_\_

Year Group: \_\_\_\_\_ Class: \_\_\_\_\_ House: \_\_\_\_\_

Offer Made: \_\_\_\_\_ Deposit Received: \_\_\_\_\_

Bursar's Copy: \_\_\_\_\_

Follow up Action: \_\_\_\_\_

**FOR ENTRY TO NURSERY AND RECEPTION ONLY**

We are required by the Local Authority to collect data on ethnicity and so we would be grateful if you would answer the questions below. Your participation in this survey is voluntary however.

<b>WHITE - British</b> <ul style="list-style-type: none"><li>Irish; Traveller of Irish heritage, any other white background; Gypsy/Roma</li></ul>	Yes	No	N/A
<b>Mixed - White and Black Caribbean</b> <ul style="list-style-type: none"><li>White and Black African; White and Asian; any other mixed background</li></ul>	Yes	No	N/A
<b>Asian or Asian British</b> <ul style="list-style-type: none"><li>Indian; Pakistani; Bangladeshi; or any other Asian background</li></ul>	Yes	No	N/A
<b>Black or Black British</b> <ul style="list-style-type: none"><li>Caribbean</li><li>African</li><li>Any other Black background</li></ul>	Yes	No	N/A
<b>Chinese</b>	Yes	No	N/A
<b>Any other ethnic background</b>	Yes	No	N/A