

arrangement

## **Registration Form**

Please complete this form in as much detail as possible. We need this information to process your application for a place for your child. If you do not complete the mandatory sections in full, as indicated by an \*, this may jeopardise or delay your application. Your completed form should be returned to the Registrar, together with a copy of your child's birth certificate or passport, and the non-refundable £75 registration fee, payable online to

Lancing College Ltd Worthing Sort Code 20 - 65 - 82 Account No: 93191095

Please quote your child's name as payment reference. Please see our Registration & Fees document for further information.

Details of child			
Forenames *			
Surname *	Male	Female	Other
Date of birth * (dd/mm/yyyy)	Country of birth *		
Nationality *	Ethnic origin *		
First Language *	Religion		
Additional Language(s) *			
Does your child require a visa to join Lancing Prep Worthi	ng?	Yes	No
Proposed term & year of entry	Proposed year group		
Current school/nursery, where applicable			
Please tick to confirm your agreement for us to contact ch	nild's current school f	or a reference	
Additional information to enable us to process	ss your application	on	
Please tick any of the following that apply to your child ar	nd supply details in a	covering letter	
Any known medical condition(s), health problems or aller	gies		
There is any reason to suspect that the child has any learn needs or there is a family history of any learning difficulty	<i>-</i>	ecial educational	
Any person named on this form expects to change address	ss during the next 12	months	
The parents are separated or divorced			
There are any Court Orders in relation to the child, for exaresidence, contact, prohibited steps, specific issues or per	•		

the parents if either parent is an undischarged bankrupt or subject to an individual voluntary

Address: House name/number
Address: Street 1
Address: Street 2
Address: Town & Postcode
Occupation
Daytime Telephone Number
Mobile Number
Email address
Signature of 1st Parent/Guardian <sup>1</sup>
signature of 1 Tarent, Gaardian
Date (dd/mm/yyyy)
2 <sup>nd</sup> Parent/Guardian name, includ
Address: House name/number
Address: Street 1
Address: Street 2
Address: Town & Postcode
Occupation
Daytime Telephone Number
Mobile Number
5 11 11
Email address
Signature of 2 <sup>nd</sup> Parent/Guardian
Date (dd/mm/yyyy)
Date (dd/11111/yyyy)

1st Parent/Guardian name, including title

<sup>&</sup>lt;sup>1</sup> in the case of a Guardian having been appointed by the parents, the Guardian's contact details should be given