

Your child

Registration Form

Please complete this form in as much detail as possible. We need this information to be able to process your application for a place for your child.

Information which is mandatory for you to provide is indicated below by a *.

If you do not complete the mandatory sections in full this may jeopardise or delay

Surname of	your child*							
First names* (underline preferred name)								
Date of birth	Date of birth* DD/MM/YYYY							
Nationality								
Is your child a British or Irish citizen?*				Yes	N	No		
If you answe nationality.	If you answered No above please state your child's nationality.							
PLEASE NOTE You are required to upload a copy of your child's passport when sending this form. (If they do not have a passport please upload a copy of their birth certificate.)			(If they do	Passport Number: Passport expiry date:			ate:	
Type of pl	ace* (please	e tick those that apply	/)					
Year 7	Year 8	Year 9	Year 10	Year	11	Year 12	Year 1	.3
Bursary		Scholarship						
Proposed term and year of entry*								
Day		Weekly	Boarding		Full Boardi	ing		
		. '		·			Plagsa an	sure all nac

lease ensure all pages of this form are fully completed.

First signatory					
Title* (e.g. Mr, Mrs, Ms)					
Full name*					
Relationship to child*					
Contact telephone number*		Mobile (if different)			
Email address*					
Address* (including postcode)					
Occupation					
Second signatory					
Title* (e.g. Mr, Mrs, Ms)					
Full name*					
Relationship to child*					
Contact telephone number*		Mobile (if different)			
Email address*					
Address* (including postcode)					
Occupation					
Other people with parental responsibility* Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. This may be a legal guardian or stepparent and their consent to the child attending the School will be required if an offer of a place is made.					
Title					
Full name					
Address (including postcode)					

	onal agent applying on be ing your name, your comp		se provide your contact il address and phone numbei		
Name:					
Company name:					
Company address:					
Email address:	nail address: Phone number:				
Connections with the	S Cabacil				
	names of any other members of	the family attending the Scl	hool or registered for entry; or any		
Please indicate how	you first heard of the Scho	ol			
Local reputation	Current school	Friends			
Website	Advertisement	Other (please give details)			
Please state the nam	e and address of your chil	d's current school (with	h dates of attendance)		
Name and address of school*	e and dadress or your crim	a 3 carrent sensor (with	radics of attendance,		
Dates of attendance*					
Name of Head*					
If someone other tha	n the first and second sigr	natories is to pay the So	chool fees for your child.		
	their full name and addre				

Please note that the School is required to take steps to ascertain whether your child has permission to be in the UK and to study at the School.

If your child is not a British or Irish citizen, please confirm whether he / she will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this School* (if applicable)

Yes

No

If your child is not a British or Irish citizen but holds or will hold another immigration category that permits them to study at the School please provide full details below*

If your child has or will have a time restricted or temporary visa in any other immigration category (for example, as a dependent) please provide a copy of this when returning this form if you have it or as soon as you have it.

Please note that we reserve the right to:

- a) request further information and sight of documentation in support of your declarations regarding immigration; and
- b) to share information with UK Visas and Immigration (**UKVI**) and the Home Office for the purposes of compliance with our responsibilities as a licenced sponsor.

The School may be required to notify and / or supply information relating to your (i.e. the parents) and / or your child's right to enter, reside and / or study in the United Kingdom to UKVI and the Home Office (and to do so whether we sponsor your child or not).

Notes

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 School's *Terms and Conditions* will be supplied on request.

How we will use the information provided in this form

This information will be used by the School during the admissions process in order to manage and assess your application and your child's suitability for a place at the School.

For example:

- a) we may contact your child's current or previous school to ask for a reference;
- b) we may ask for information about other schools to which you are applying because they may hold their entrance exam on the same day as ours;
- c) we may contact other people with parental responsibility to check that they consent to your child joining the School;
- d) the Confidential Information Form will be used to ensure that we have made any reasonable adjustments / suitable arrangements for your child when they visit the School or during any entrance assessments and subsequently if they are offered a place;

We may also need to share information with UKVI as explained above.

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

For more information about how the School will use your information, and your child's information, please see our privacy notice published on the School's website: http://www.bethanyschool.org.uk/wp-content/uploads/2021/08/Privacy-Notice.pdf. If your child is in Year 12 or above, please show him / her a copy of the privacy notice and discuss it with him / her.

Confidential Information

All information received in this form will be treated in confidence.

Please disclose any medical condition, health problem or allergy affecting your child.

If applicable to your child, it will also help us plan for their arrival, if you can let us know of any:

- learning difficulty
- special educational need
- disability
- behavioural, emotional and / or social difficulty.

Child's full name				
Disclosed information:				

The information provided in this form will enable the School to consider any adjustments that it may need to make to assist your child to participate in the School's admissions procedure or when he / she enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require.

Declaration

I/we request that our child named above is registered as a prospective pupil.

I/we have paid by bank transfer the non-refundable Registration Fee of £100.00 before returning this completed Registration Form duly signed by me/us.

Signatures	First signatory	Second signatory
Signature*		
Name in full*		
(please include all names)		
Relationship to child*		
Date		

Bethany School Bank Details

Bethany School Ltd
National Westminster Bank plc
High Street
Cranbrook
Kent
TN17 3EJ

Bank sort code: 60-06-18 Account Number: 5901 3869 Swift/BIC: NWBK GB 2L

IBAN: GB61 NWBK 6006 1859 0138 69

Please note that all bank charges must be paid by yourself. Remittances must be in pounds sterling only (we do not accept Euro Cheques).

Please include the pupil's full name in the reference