

Laxton Junior School
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Laxton
Junior School
OUNDLÉ

www.laxtonjunior.org.uk

REGISTRATION FORM

For School Year: **For Calendar Year:** **Term:**
e.g. Reception, Yr 5 e.g. 2020 Michaelmas, Lent, Summer

Child's Full Name:
(please underline the forename generally used)

Date of Birth (dd/mm/yy): **Gender (M/F):**

Father's Title and Full Name: **Mother's Title and Full Name:**

Home Address: **Home Address (If different from Father's):**

Email: **Email:**

Home tel. no: **Home tel. no:**

Mobile tel. no: **Mobile tel. no:**

Work tel. no: **Work tel. no:**

Please give the names and DOB of siblings who are:

Already attending the School:

Registered but not started:

Not yet registered:

How did you first hear of the School? (Please tick) Parent is an Old Oundelian/Laxtonian Friends
 Reputation Current School Advertisement Family
 Internet Other, please give details:

Are you registering your child at any other schools? *Yes / No (*Please delete as applicable)

If your answer is 'yes', please list schools:
.....
.....
.....

Applicant's present school (if applicable):

School: Date of Joining:

Headteacher:

Address:

.....

Telephone: Email:

Notes:

Early registration is recommended.

Registrations will be considered in the order in which they are received.

Non Reception class places are not guaranteed, as places may not be available for the required year of entry.

There is no obligation on the part of the parents to accept a place if offered.

The school reserves the right to withdraw the offer of a place if it appears to be in the best interests of the child to do so.

A copy of the current edition of the Terms and Conditions will be supplied on request.

Declaration:

We request that our above-named child be registered as a prospective pupil.

A payment for the non-returnable registration fee of £125 a) is enclosed b) has been paid by bank transfer c) by credit/debit card directly to the Bursary (delete as applicable).

We understand that the 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.

We understand also that the School (through the Headmaster, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First signature: **Second signature:**

Name in full: Name in full:

Relationship to the child: Relationship to the child:.....

Date: Date: