



# St Joseph's College

## REGISTRATION FORM

**Registration Form** [to be completed by parent or guardian]  
PLEASE USE **BLOCK CAPITALS**



Surname of child: \_\_\_\_\_

First names (in full): \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

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

Proposed Term and Year of Entry: \_\_\_\_\_

Registration for: Day: \_\_\_\_\_ Boarding: \_\_\_\_\_

Have you registered your child's name at any other school/s and if so which: \_\_\_\_\_

Please say how you first heard of the College. Was it from:

- Local Reputation     Present School     Friends     Website
- Advertisement     Other (Please give details) \_\_\_\_\_

### Parents' Details

	Father	Mother
Title	_____	_____
Name	_____	_____
Address	_____	_____
	_____	_____
Occupation	_____	_____
Nationality	_____	_____
Home tel:	_____	_____
Work tel:	_____	_____
Mobile:	_____	_____
E-mail	_____	_____
Fax	_____	_____

Child resides with:     Both     Mother     Father     Other \_\_\_\_\_

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Full name and address of Guardian, if applicable. (Please note that the appointment of a Guardian is compulsory if both parents are non-UK resident).

Guardian Contact Numbers: Home tel: \_\_\_\_\_ Work tel: \_\_\_\_\_  
Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please mention here the names of any other members of the family attending the school or registered for entry, or any other connection with the school: \_\_\_\_\_

Please state name and address of the present school (with date of entry): \_\_\_\_\_

Name of Headteacher: \_\_\_\_\_

**Before your child comes for a taster day and assessment it is important that the College receives the following information and any other relevant information, to enable the College to support your child appropriately during the day with us?**

Please tick as appropriate:

ADHD	_____	Allergies	_____	Aspergers Syndrome	_____
Autism	_____	Dyslexia	_____	Dyspraxia	_____
Hearing impairment	_____	Visual impairment	_____	Medical Condition (including allergies)	_____
Statement of Special Educational needs	Yes/No	If yes please enclose a copy of the statement			

Other: \_\_\_\_\_

(Please enclose the most recent Education Psychologist's report or Statement of Special Educational needs, if you have one)

## 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 College at the time the offers are made.

All applicants are considered for fee-paying places. Applicants applying for entry into Year 3, 7, 9 & Lower Sixth Form can also be considered for Scholarships.

If you wish to be considered for a Scholarship application please circle one or more of the following:

- My child is applying for entry to Year 3 and I wish him/her to be considered for an Academic/Creative and Performing Art, Sport Scholarship (*please delete*)
- My child is applying for entry to Year 7/Year 9/Lower 6th and I wish him/her to be considered for an Art/Drama/Dance/Music/Sport Scholarship (*please delete*)
- My child could only enter the School if awarded:
  - a Scholarship
  - a means-tested Bursary (Bursary Application Form and Policy will be forwarded on circling this award)

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## Declaration

We request that the name of the above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee. As shown on the Fees List. (Cheques to be made payable to **St Joseph's College**)

We understand also that the College (through the Principal, 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 purpose 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 child:

\_\_\_\_\_

Relationship to child:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

\_\_\_\_\_

A copy of the current edition of the standard terms and conditions is enclosed.

St Joseph's College, Birkfield, Ipswich, Suffolk, IP2 9DR  
Tel: 01473 690281  
Fax: 01473 602409

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## St Joseph's College

### EQUAL OPPORTUNITIES

As part of our equal opportunities policy, and to comply with Government requirements and recommendations, we would be grateful if you could answer the following questions:

1. What is the ethnic group of the pupil applying for St Joseph's College?  
(The categories used are those of the 2001 Census) *Please **circle** the appropriate box*

**A White**

British

Irish

Any other White background, please write in \_\_\_\_\_

**B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in \_\_\_\_\_

**C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in \_\_\_\_\_

**D Black or Black British**

Caribbean

African

Any other Black background, please write in \_\_\_\_\_

**E Chinese or other ethnic group**

Chinese

Any other, please write in \_\_\_\_\_

2 Does the pupil applying for the School have a disability?

No

Yes (Please write confidentially to the School, giving details)

3 Religious Denomination \_\_\_\_\_

Nationality \_\_\_\_\_

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