

HEADMASTER: ROBERT MACDONALD, M.ED, B.A

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**RICHARD PATE**  
INDEPENDENT CO-ED SCHOOL 3-11  
CHELTENHAM

## REGISTRATION FORM

Full name of CHILD:

.....

Date of Birth:

.....

Address: .....

Name of Parent / Legal Guardian 1

.....

Relationship to

child:.....

Address: .....

.....e-

mail:.....

Business / Profession: .....

Telephone number: Home: .....Business: .....Mobile:

.....

Name of Parent / Legal Guardian 2.

.....

Relationship to child:

.....

Address:

.....

.e-mail:.....

Business / Profession:

.....

Telephone number: Home: .....Business: .....Mobile:

Please provide us with details below of any other person with Parental Responsibility for the above named child.

Full name & relationship to child :

.....

Address:

.....

e-mail:.....

Business / Profession:

.....

Telephone number: Home: .....Business: .....Mobile:

Current school attended (if any) & any other schools your child has attended during the past 2 years (with dates):  
.....

Term and year of entry requested.....

Please provide us with details of any special circumstances relating to the above named child's health, including details of any disability, special educational needs or other circumstances which may affect your child's ability to fully participate in the educational provision by the School. The School requires this information so that we can consider what reasonable adjustments, if any, the School can make in order to accommodate your child.

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**Declaration**

By signing this Registration Form I/we declare that:

I/We wish my/our son/daughter to be registered for entry to The Richard Pate School and enclose a Registration and Assessment Fee of £250\*. ☐

I/We acknowledge that this Registration Form does not constitute an offer of a place at The Richard Pate School and that £75 of the Registration and Assessment Fee is non-refundable even if an offer of a place is not made. ☐

I/We understand that admission of all pupils to the School shall be at the discretion of the Trustees and the Head. ☐

No other person's signature is required to register my/our interest in a place at The Richard Pate School for the above named child. ☐

I/We give consent for the School processing my child's personal data (including sensitive personal data) for the purposes of administrating its list of prospective pupils and for the purposes of assessment, including seeking references from my child's previous educational establishment (if any) and confirmation that all fees have been paid. ☐

I/We will immediately inform the School if any details provided in this Registration Form change. ☐

Signature of Parent / Legal Guardian 1..... Date .....

Signature of Parent / Legal Guardian 2..... Date .....

Signature of Guardian/others with parental responsibility (if applicable) .....Date.....

All those with parental responsibility must sign the Registration Form.

This form must be returned to the Head at The Richard Pate School, Southern Road, Cheltenham GL53 9RP **together with the Registration and Assessment Fee of £250.00.**

Please note: £75 of the Registration and Assessment Fee is non-refundable (even if an offer of a place is not made) and is always retained by the School for administration costs. Should an offer of a place be made, £175 of the Registration and Assessment Fee will be retained by the School as a deposit and set against the first term's fees. If we are unable to offer a place, £175 of the Registration and Assessment Fee will be refundable.

\* Payment of the Registration and Assessment Fee can be either by cheque made payable to The Richard Pate School or by bank transfer to: sort code: 20-20-23, account number: 30758655, your child's name as reference.