



Battle Abbey School

Registration Form

Battle Abbey School
Battle
East Sussex
TN33 0AD

Tel: 01424 772385
Fax: 01424 773573

1. Pupil Information

Pupil Surname: _____

Pupil's forename(s): _____

(In full and BLOCK CAPITALS as it appears on Birth Certificate or Passport)

Date of Birth (dd/mm/yyyy): ____/____/____ Nationality: _____ Gender: _____

Place of Birth: _____ Ethnicity: _____ Religion: _____

Type of Place: Boarding Pupil Day Pupil Current Year Group: _____

Proposed Entry Term: Autumn Spring Summer in Calendar Year: 20____

Nursery Applicants Only: Do you wish to reserve a reception class place for when your child leaves the Nursery:

Yes No

Y12 Applicants Only: Please provide your UCI Number: _____

Pupil Achievements & Skills: Please outline below a few of the pupil's most notable achievements, any artistic, dramatic, musical or sporting skills:

Pupil Hobbies & Interests: Please outline below a few of the pupil's hobbies, pastimes and interests:

How did you first hear about the school?

Local Reputation Friends Open Day Website Advert Other (specify) _____

Are there any existing connections with Battle Abbey? Please give the names of any family members attending the school or registered for entry, who are or have been employed by the school, or who have previously attended the school, and their relationship to you and your child:

2. Pupil Schooling

Pupil's Current School: _____

Address of Current School: _____

Date Pupil Started at the School: _____

Name of Current Head: _____

Current Head's Email: _____

Can Battle Abbey contact your child's current school for a reference? Yes No

Will the pupil require sponsorship from Battle Abbey for a UK study visa? Yes No

3. Medical/ Confidential Information

Please outline whether your child has any of the following:

An ongoing condition/ health problem/ allergy: Yes No

A visual or hearing impairment: Yes No

Learning difficulties, emotional and/or social difficulties: Yes No

Mental Health issues including eating disorders, or is subject to CAMHS referral: Yes No

Has your child ever been excluded or suspended from any school: Yes No

If you have answered yes to any of the above, please briefly outline details in the box below. (Please also enclose the most recent Education Psychologist's report, if you have one. Please also send us any relevant medical, special needs or other educational reports you may have).

Do both parents have parental responsibility for the child?

Yes

No

4. Parent Information

Full name and title of Parent 1:

Full name and title of Parent 2:

Full address: _____

Full address: _____

Post Code: _____

Post Code: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Do both parents agree that the child should attend Battle Abbey?

Yes

No

Is there anyone else whose consent would be required for enrolment? *

Yes

No

Is it proposed that anyone other than the parents will pay fees? *

Yes

No

* If the answer to either of these questions above is Yes then please give details in a covering letter.

Special Circumstances:

Please inform us in a covering letter if there are any Court Orders in relation to the child, for example as to parental responsibility; residence; contact; prohibited steps; specific issues or periodical payments, or; in relation to the parents or if either parent is an undischarged bankrupt or subject to an individual voluntary arrangement.

Agent's Details (for Overseas Applicants Only):

Company name: _____ Contact Name: _____

Address: _____

Telephone: _____ Email: _____

Notes

Registrations will be considered in the order they are received. Early registration is recommended. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied upon acceptance of a place.

5. Declaration

We request that the name of the above child be registered as a prospective pupil. Included with the Registration form is a **copy of the details page of the child's passport (or a copy of their birth certificate if they do not have one) and we confirm that payment of the non-returnable registration fee of £100 has been made (£150 for applicants from overseas)**. We understand that the standard 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 Head, 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 our child.

First Signature: _____

Second Signature: _____

Name in Full: _____

Name in Full: _____

Relationship to child: _____

Relationship to child: _____

Date: _____

Date: _____

6. Payment Details

Please tick payment option:

By cheque Cheques should be made out to Battle Abbey School.

By bank transfer Please use your child's name as a reference, and let us know the date and details of your transfer. Please pay directly into our bank account at NatWest:

Sort Code: 60-02-07
Account No: 59696206
BIC: NWBKGB2L
IBAN: GB33NWBK60020759696206

7. Submission

Once completed, please send this form to the Admissions office who will review your application and respond to you shortly:

Email: admissions@battleabbey.school

Postal Address: The Admissions Office, Battle Abbey School, High Street, Battle, East Sussex, TN33 0AD

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