

## Registration Form

Personal data will be collected in accordance with the **Data Protection Act 1998 and the GDPR**. It will be collected for specified, explicit and legitimate purposes and processed lawfully, fairly and in a transparent manner. It will be adequate, relevant, accurate, kept up to date and limited to what is necessary in relation to the purposes for which they are processed. Any inaccurate data will be erased or rectified without delay. The data will be processed in a manner that ensures appropriate security of the personal data, including protection against accidental loss, destruction or damage, using appropriate technical or organisational measures. It will be kept in a form which permits identification of data subjects, personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals.

Preferred start date (tick) :	Immediate or	_____month ____year
Do you prefer morning or afternoon sessions? (Please tick one) <b>(for Nursery class only)</b>		Morning (08.15 -11.30am) Afternoon (11.45 - 3.00pm) Full-time (08:15 - 3.00pm)
YEAR GROUP: (Please indicate)		

### 1. Student Details

Surname			
Middle Name			
First Name			
Address			
Post code		Home telephone	
Borough		Gender	Male / Female
Are you a permanent resident in the UK?			

Date Of Birth	D	D	M	M	Y	Y	Y	Y	Age	Years	Months
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### 2. Previous/Current School details

Date: From	To	Nursery/School name, address & telephone number

### 3. Family Details

Applicant Father Mother Joint Guardian\* Please tick one box

Fathers Name			
Occupation		Daytime Contact Number	

E-mail address			
Do you have parental responsibility for the child? Yes / No			Does the child live with you? Yes / No
Mothers Name			
Occupation		Daytime Contact Number	
E-mail address			
Do you have parental responsibility for the child? Yes / No			Does the child live with you? Yes / No

Please provide details of other children		
Full Name	Age	Name & address of school (if applicable)

#### 4. Medical Details

Does your child have any medical condition, illnesses or allergies requirements that the school should be made aware of:

#### 5. Special Educational Need

Does your child have any special educational need (learning, physical, behavioural): YES / NO Please give details:

#### 6. Reason to enroll at Apex:

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## 7. Applicants Declaration

1. I enclose the registration processing fee of £20 with this application.
2. I have read the Prospectus and agree with the Ethos of the School.
3. I understand that submitting this application does not guarantee a place. 4. I understand that I/we the parent(s) together with the child on this application will be required to attend an interview.
5. I understand that I/we the parent(s) need to inform the school of any **NEW information/concerns** that will affect my child before Admission.
6. I declare the information submitted in this form and the accompanying questionnaire, is accurate and correct. Any misleading information could jeopardize my child's position within the School.

Signature of Applicant(s)	Print Name	Date

*Please ensure £20 registration fee is paid by cash or via bacs:  
Account: HSBC, Apex Trust  
A/c no: 91592920  
S/C 40-09-06*

**Please send the completed form to:**

**Apex Primary School**

**60-62 Argyle road**

**Ilford, Essex, IG1 3BG**

*contact@apexprimary.co.uk*

**School Office: 020 8554 1208**