Royal Russell School Registration Form

Please complete this form in full and return to the Admissions Office, Royal Russell School, Coombe Lane, Croydon CR9 5BX or by email to admissions@royalrussell.co.uk.



Details of Child	(nlease print in capitals)		

Surname							
Forename(s)							
Date of Birth				Gender			
Nationality				Religion			••••
-				Keligion			
Languages spo	ken at home						
Details of any sibl	ings at or connection	ı to Royal Russell S	School				
Entry Details	6 (please circle appl	ropriate year of er	ntry required)				
Proposed Year of	f Entry:						
2019	2020	2021	2022	2023	Other - please		
Junior School: (I	Day places only - ple	ease circle approp	oriate year group r	required)			
Nursery	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Senior School &	Sixth Form:						
Year 7	Year 8	Year 9	Year 10	Year 12			
Type of Place:							
Day	Weekly Boardi	ing Full Bo	arding F	lexi-Boarding			
Current School	ool / Nursery ((please print in ca _l	pitals)				
Name of Head T	eacher						
Email of Head T	eacher						
Address of Curi	rent School						
Postcode							
Current Year Gr	roun						
Dates of Attend			•••••				
		t of your child's an	dication to join us	wo will request a ref	oranca from their cu	rrant school / nursa	rı,
	ease note that as part I rents (please prii		nication to join us	we will request a ren	erence from their cu	rrent school/ hurse	ry.
First Contact	ii orito (piedee piii	πιποαρπαίο		Second Contac	~ 4		
Title				Title	. t		
Full Name				Full Name			
Address Line 1				Address Line 1			
Address Line 2				Address Line 2	<u></u>		
Town				Town			
Postcode				Postcode			
Home Telephon	e Number			Home Telephor	ne Number		
Mobile Number				Mobile Number			
Email Address				Email Address			
Occupation				Occupation			
Is this your child's ho	ome address? ·····			ls this your child's h	nome address? ····		

Circumstand	es relating to yo	ur child wh	ich the So	chools	should be aw	are of: (ple	ease tick boxes,	if applicable)
ADHD	Asperger's Syndrome	•	Autism	Visua	al Impairment			
Dyslexia	Dyspraxia		Asthma	Audi	ory Impairment			
Diabetes	Severe Allergies (Ple	ase specify)						
My child has an Ed	ucational Psychologist's F	Report:	Yes / No	ı	f yes, please send a	copy to <u>admissio</u>	ns@royalrussell.co	ı <u>.uk</u>
Bursaries ar	nd Scholarships	(Senior Scho	ool Day Pla	ices On	ly)			
	ding Bursaries and Schol @royalrussell.co.uk or ca			osite at <u>w</u>	ww.royalrussell.co.	uk. If you requ	uire further clarifi	cation, please
	ry: I / We would like furthment of Financial Circum					sistance with	school fees and r	request
Scholarships: A scholarship (Art, Dra	All Senior School applicants ma, Music or Sport, please	are automatically c	onsidered for an x and further de	n Academic tails will be	Scholarship. If you vessent to you.	wish your child to	be considered for	any other
Please note applica	ants may apply for a maxir	num of two (2) of	the following s	cholarship	os:			
Art	Drama							
Music	Sport							
How did you	hear about us?							
Old Russellian	Friends & Fan	nily	Reputation		Online Search		Current School	
ISC Website	Advertisemen	·	Exhibition	_	School Event		Agent	
Other			L				· ·	
Declaration								
Each of those with pare	ntal responsibility must complete	the form and sign belo	ow:					
I/We request th	at the child named above is regis	stered as a prospective	e pupil and underst	tand that this	does not secure our chil	d a place at the Sc	hool but ensures their	consideration for
selection. • I/We understan	d that confidential information ma	av now be obtained fro	om my child's prese	ent school/nu	ursery, including any outs	tanding financial ob	oligations.	
 I/We understan 	d and consent that the School m	ay process personal ir	nformation about m	ny child, inclu	ding sensitive personal d	lata such as medica	-	or the purpose of
In order to com	s list of prospective pupils and its ply with the School's responsibili	ties as a registered Tie	er 4 sponsor, I/We	consent to the	ne School notifying and/o	r supplying informa	-	•
	eside and/or study in the UK to the e/us confirming that my/our child				ice, and, in any event, if r	my/our child is offer	red a place at the Scho	ool, such an offer will
I/We agree to b	e bound by the regulations, rules	s and procedures made	e from time to time	by the Gove	ernors and the Headmast	er for the conduct o	of the School.	
Registration	Fee							
I/We agree to pay th	e non-refundable registratio	n fee indicated belo	ow:					
Junior Day Place	£100	Ser	nior Day Place	£100		Senior I	Boarding Place	£150
Please tick which pa	yment method:-							
☐ I/We €	enclose a cheque made pay	able to Russell Sc	hool Trust; or					
☐ I/We h	nave made a bank transfer p	payment which has	the child's name	e included	as a reference with th	e payment;		
	•	Barclays Bank plc			Account Name:	Russell Scho	ool Trust	
	Account Number:	00775142			Sort Code:	20-24-87		
☐ I/Weh	nave made a credit/debit car	rd payment by callir	ng 020 8657 443	33 which ha	as the child's name in	cluded as a refe	rence with the payn	nent
Signatures								
Both parents to sign;	; if only one signature, pleas	e provide a written	explanation.					
First Signature			Se	econd Sig	nature			
Full Name			FuFu	ıll Name				
Relationship to C	Child		Re	elationsh	ip to Child			

Sharing of Information. For the purposes of the Data Protection Act (DPA), Russell School Trust is the data controller for any personal data you supply to us. Personal data will be processed in accordance with the DPA, only used for the purpose(s) for which you have supplied it to us, and only shared with third parties where required, and the law allows. You should let us know if you do not wish us to share your information with relevant organisations, but we may be under a legal obligation to share the information that you have supplied to us with other organisations. I agree to the information being shared where necessary as explained above (tick here)

Date

Date