



# 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

**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).

#### 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 have parental responsibility for the child? Yes  No

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 any of the 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. A copy of the details page of the child's passport and a cheque for the non-returnable registration fee of £100 is enclosed (£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 the 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](mailto:admissions@battleabbey.school)

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

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