

Pupil application

St Faith's
C A M B R I D G E



Please use BLOCK CAPITALS throughout. Please complete one form per child, and return with £75 registration fee to the address in section 6 overleaf.

1. I request that be registered for entrance to St Faith's.

I would like him/her to enter in the Autumn Spring Summer term of (year)

Proposed entry year group: Foundation Yr 1 Yr 2 Yr 3 Yr 4 Yr 5 Yr 6 Yr 7 Yr 8

The non-refundable registration fee of £75, payable to St Faith's: is enclosed has been sent to St Faith's by electronic transfer

If in due course a place is offered by the school and is accepted, we agree not to withdraw the acceptance without a full term's notice, or a term's fees paid in lieu, and we will comply with the School's Standard Terms and Conditions, which form part of the Acceptance Form.

Please provide details below of any previous or existing family connections with St Faith's:

Is it likely that means-tested bursary assistance will be required for your child to take up his/her place? YES NO

2. The child

Child's surname

Child's forename(s) (please underline name normally used)

Nationality

Gender male female Date of birth / / (day, month, year)

Present school or pre-school

Name of Head

Address

Telephone Email

I/we give consent for a confidential reference to be sought from our child's present school:

Please tick this box if English is NOT your child's first language First language

Other languages

3. Learning Support

Please state any special educational requirements, emotional or behavioural needs or medical problems. Enclose all relevant educational or clinical psychologists' reports, referrals to bodies such as CAMHS etc. and explain what additional support your child currently receives at school. Educational, physical, behavioural or other special needs do not preclude an application for a place at St Faith's. Every candidate will be considered to determine whether sufficient reasonable adjustments may be made by the school to enable them to thrive.

please continue on separate sheet if required

4. Parent/legal guardian contact information

a) First contact

Relationship to child

Preferred title (Mr, Mrs, Ms, Dr, etc.)

Full name

Address

Tel (home)

Tel (work)

Tel (mobile)

Email

Occupation

b) Second contact

Relationship to child

Preferred title (Mr, Mrs, Ms, Dr, etc.)

Full name

Address

Tel (home)

Tel (work)

Tel (mobile)

Email

Occupation

Sibling information

Name

Date of birth

Name

Date of birth

How did you hear about St Faith's?

5. Declaration

We understand that this information will be stored and processed by St Faith's and may be disclosed by the school to related third parties in order to facilitate the running of the school. We hereby consent to all such storing, processing and disclosure. The School shall comply with relevant data protection legislation in connection with such data.

First contact: Name in full

Relationship to child

Signature

Date

Second contact: Name in full

Relationship to child

Signature

Date

6. Finally

Please return this form, with a cheque (or confirmation of electronic transfer) of the £75 registration fee, by 30th November in the year prior to entry.

Send to:

The Registrar

St Faith's

Trumpington Road

Cambridge CB2 8AG

Tel 01223 352 073; Email admissions@stfaiths.co.uk

If registration is later, please contact the Registrar to check the availability of places.

Please notify the Registrar of any change of address. Please include the proposed date of admission in all correspondence.