## Fairfield Prep School

## Registration Form



Please complete in BLOCK CAPITALS

Candidate's Details	Year Group Applying For (please tick)
Legal Surname	<b>Kindergarten:</b> Full-time ☐ Part-time: 4 days ☐ Part-time: 3 days ☐
Legal Forename(s)	If part-time is requested, please indicate preferred days:
Preferred Forename/Known As	Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐
Date of Birth	Reception Year 1 Year 2 Year 3 Year 4 Year 5 Year 6
Nationality First Language	
Year of Entry 20 Current Year Group (if applicable)	Preferred Start Date
Gender of Candidate: Boy Girl Girl	Additional Comments
Names of close relatives at, or having attended, Loughborough Schools Foundation, their relationship to candidate and School attended.	
Parent/Legal Guardian Details (please provide details of parents/legal guardians	s)
Title Forename(s)	Title Forename(s)
Surname	Surname
Relationship to Candidate	Relationship to Candidate
Address	Address (if different)
Postcode	Postcode
Home Phone	Home Phone
Mobile Phone	Mobile Phone
Email Address	Email Address
Occupation & Employer	Occupation & Employer
Where parents have separated or divorced, please state with which paren	t the candidate resides
There parents have separated or divorced, preuse state with which parent	the carratante resides.

Current School/Nursery Details	Data Protection
Name of current School/Nursery	I understand that information from this form may be processed for purposes by Loughborough Schools Foundation under the Data Protection Act 2018 and that individuals have, on written request, the right of access to personal data held about them. For the purposes of compliance with the Data Protection Act 2018, I hereby give my consent to Loughborough Schools Foundation to process the personal and sensitive data supplied in the Registration Form for the purposes of administering its lists of prospective pupils.
Name of Head/Nursery Manager	
Address of School/Nursery	
Postcode	Please Sign
School Email Address	Parent/Legal Guardian
Date joined current School/Nursery	Date
Entrance Exam Access Arrangements	Parent/Legal Guardian
A candidate who is eligible may be given an appropriate adjustment in relation to entrance assessments, subject to documentary evidence being provided. Please indicate here if you wish to discuss further.   Therefore, if the candidate has had a specialist assessment diagnosing a learning difficulty or disability, for example an educational psychologist's report, medical report, occupational therapist's report, please give brief details on a separate sheet and attach a copy of the most recent report.  If the candidate suffers from any medical condition or physical incapacity of which we should be aware, please give details on a separate sheet.	Please return this form with the registration fee of £50 per candidate.  Payment can be made either by bank transfer using the following details or by cheque (payable to Loughborough Schools Foundation):  Loughborough Schools Foundation Current a/c no. 08171610 Sort Code 60 14 10  IBAN: GB86 NWBK 6014 1008 1716 10 SWIFT CODE: NWBK GB 2L  Reference: FDRF and candidate's surname  Tick here to indicate that you have paid by bank transfer and please advise the date of transfer here:
Further Details	
Please use this space to provide any further details relating to any matter about which you feel we should be aware.	Loughborough Schools Foundation is a Company Limited by Guarantee, number 4038033, and is registered in England and Wales. It is also a Registered Charity, number 1081765.  The Registered Office is 3 Burton Walks, Loughborough, Leicestershire LE11 2DU
	Please return completed form to:



Registrar Fairfield Prep School Leicester Road Loughborough Leicestershire LE11 2AE

fairfield.admissions@lsf.org