

Fairfield Prep School

Registration Form



Please complete in BLOCK CAPITALS

Candidate's Details

Legal Surname	
Legal Forename(s)	
Preferred Forename/Known As	
Date of Birth	
Nationality	First Language
Year of Entry 20	Current Year Group (if applicable)
Gender of Candidate: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Names of close relatives at, or having attended, Loughborough Schools Foundation, their relationship to candidate and School attended.	

Year Group Applying For (please tick)

Kindergarten: Full-time ☐ Part-time: 4 days ☐ Part-time: 3 days ☐

If part-time is requested, please indicate preferred days:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Reception ☐ **Year 1** ☐ **Year 2** ☐

Year 3 ☐ **Year 4** ☐ **Year 5** ☐ **Year 6** ☐

Preferred Start Date

Additional Comments

Parent/Legal Guardian Details (please provide details of parents/legal guardians)

Title	Forename(s)
Surname	
Relationship to Candidate	
Address	
Postcode	
Home Phone	
Mobile Phone	
Email Address	
Occupation & Employer	

Title	Forename(s)
Surname	
Relationship to Candidate	
Address (if different)	
Postcode	
Home Phone	
Mobile Phone	
Email Address	
Occupation & Employer	

Where parents have separated or divorced, please state with which parent the candidate resides.

Current School/Nursery Details

Name of current School/Nursery

Name of Head/Nursery Manager

Address of School/Nursery

Postcode

School Email Address

Date joined current School/Nursery

Entrance Exam Access Arrangements

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.

Please provide details of any medication your child requires, disability, medical condition or allergies your child has, or may have, of which the School should be made aware.

Please provide details of any learning support / SEN needs e.g dyslexia, dyspraxia, ADD, ADHD, Autistic spectrum disorder (including Asperger's Syndrome) or if your child is being assessed for any of these conditions.

Further Details

Please use this space or an additional page to provide any further details relating to any matter about which you feel we should be aware.

Data Protection

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.

Please Sign

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

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: _____

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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