

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 Girl

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 _____

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.

If the candidate suffers from any medical condition or physical incapacity of which we should be aware, please give details on a separate sheet.

Further Details

Please use this space 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**

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