

DATE OF ENTRY: SEPTEMBER 20__

SCHOOL YEAR AT ENTRY: Year 7 or other

Surname

Forenames

Preferred first name

(PLEASE USE BLOCK CAPITALS THROUGHOUT)

Boy Girl *(Please tick appropriate box)*

Date of Birth / /

Address

Religion

Nationality

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

Child's first language (if not English)

Other language(s) spoken at home (including frequency)

Name and address of current school and any other schools attended in last 3 years

Name of current headteacher

Year of entry to current school

Scholarships and bursaries are available for candidates entering at the age of 11. Please indicate whether you would like your child to be considered for:

	Yes	No
Fee Paying Place		
Chigwell Scholarship		
Music Scholarship		
Bursary*		

*Bursaries are means-tested. If you are applying for a bursary, we will send you a bursary application form which requires details of family income.



Parental Information

*Parental responsibility is defined by the Children Act 1989 www.legislation.gov.uk/ukpga/1989/41/section/3 as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property'. It equates to legal responsibility for your child. If you have any doubts about whether you do or do not have parental responsibility for the child you may wish to seek legal advice.

Parents	Parent 1	Parent 2
Relationship to the child		
Title		
Full Name		
Home Address (if different from child please also provide reason)		
Home Tel No.		
Mobile No.		
Email		
Do you have legal parental responsibility*?		
Profession		

Family connection with Chigwell

Do you have a child currently at Chigwell?: Yes No

Is a member of the family an Old Chigwellian?: Yes No

Are you applying for a place for another child?: Yes No

If yes, please provide details:

Siblings

To comply with safeguarding advice we need to ask for details of siblings not at Chigwell School

Full name of sibling: D.O.B.: / / Gender M <input type="checkbox"/> F <input type="checkbox"/>	Full name of sibling: D.O.B.: / / Gender M <input type="checkbox"/> F <input type="checkbox"/>
Current School:	Current School:
Full name of sibling: D.O.B.: / / Gender M <input type="checkbox"/> F <input type="checkbox"/>	Full name of sibling: D.O.B.: / / Gender M <input type="checkbox"/> F <input type="checkbox"/>
Current School:	Current School:

Please use a continuation sheet if necessary

Confidential Information

Please provide us with details of any medical conditions, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural and/or social difficulty of your child. This will enable us to consider any adjustments that we may need to make to assist the child to partake in the school's admissions procedure or, if an offer of a place is made and accepted, when they enter school. Prior to the commencement of the admissions process, we will contact you about any special arrangements your child may require. Failure to disclose relevant information may result in Chigwell School being unable to make adjustments which can be reasonably made and lead to the withdrawal of any offer.

Does your child have a special educational need or disability?: Yes No

If yes, please provide details:

Please use a continuation sheet if necessary

Has your child been seen by a specialist (e.g. educational psychologist, specialist teacher, occupational therapist, speech and language therapist, etc.)?: Yes No

If yes, please attach a copy of the report(s) to this application.

Does your child have an EHC plan?: Yes No

Is your child in receipt of learning support?: Yes No

Will your child require any special arrangements to attend the entrance exam?: Yes No

If yes, please provide details:

Please use a continuation sheet if necessary

Please provide details of any dietary requirements your child has:

Please use a continuation sheet if necessary

Please provide details of any medical condition, health problem or allergy affecting your child:

Please use a continuation sheet if necessary

Does your child hold a foreign passport?: Yes No

If yes, please provide passport number _____ and a PDF copy of his/her passport.

Will your child be living with you during their studies at Chigwell School?: Yes No

Please note your ethnic origin, such as White British/Irish, Black Caribbean/African, Asian Indian/Pakistani, Bangladeshi, Mixed White and Black Caribbean/White and Black African/White and Asian, Chinese or any other ethnic background below:

Special Circumstances

Please inform us in a covering letter if:

- a) parents are separated or divorced. Should both parents receive mailings? Please specify
- b) any person named in this form expects to change address during the next 12 months
- c) 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 agreement
- d) the child may be unable to play a full part in the games and sporting curriculum of the School
- e) parents must inform the School if their child has been withdrawn or excluded from another school.

Please provide full details in a covering letter.

We hereby apply for the admission of our son/daughter to Chigwell School. In the event of the child's admission to the School we agree for ourselves and on behalf of the child to conform to all the rules laid down by the Headmaster from time to time and in addition, the Terms and Conditions set out at the time of accepting a place.

Signatures

Parent 1	Parent 2
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Both parents are required to sign. If this is not possible please indicate the reason below:

The registration fee of £75 is enclosed. Cheques should be made payable to Chigwell School.

The registration fee is set as a payment towards the costs incurred by the School in administering the admissions process and is non-refundable irrespective of whether or not the child actually attends the entrance examination.

Please return this form with the registration fee to: The Admissions Registrar, Chigwell School, Chigwell, Essex IG7 6QF

If you have any questions, please phone the Admissions Registrar on 020 8501 5700.

The School acts as a data controller for the purposes of Data Protection Law. The School's Privacy Notice, a copy of which can be found on the School website, is intended to provide information about how it will use personal data about individuals, including the information provided on this form.



CHIGWELL SCHOOL
AUT VIAM INVENTIAM AUT FACIAM

FIND A WAY OR MAKE A WAY

High Road | Chigwell | Essex | IG7 6QF
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admissions@chigwell-school.org
www.chigwell-school.org