



The United Church Schools Trust
Lincoln Minster School



REGISTRATION FORM

(This is a Request for an Assessment for a Place in the School)

1. **Surname of Prospective Pupil:**

First Names:
(Please underline the name generally used)

Date of Birth: **Nationality:** **Religion:** **Boy / Girl**

Type of Place: (please tick) **Day Pupil** **Full Boarding** **Weekly Boarding**

Proposed Term and Year of Entry: **Year Group on Entry :**

Have you registered your child's name at any other school/s and if so, which?
.....

2. **Father's Title, Full Name, Address:**

.....
..... **Post Code**

Occupation:

Daytime Telephone: **Mobile Number:**

Evening Telephone: **Email:**

3. **Mother's Title, Full Name, Address** (if different from the above):

.....
..... **Post Code**

Occupation:

Daytime Telephone: **Mobile Number:**

Evening Telephone: **Email:**

4. **Guardian's Full Title, Full Name, Address (only applicable to weekly/termly boarders)**
(appointed under section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by an existing guardian).

..... **Post Code**

Occupation: **Details of Appointment:**

Daytime Telephone: **Mobile Number:**

Evening Telephone: **Email:**

5. **Please mention here the names of any other members of the family attending the School or are registered for entry; or any other connection with the School.**

.....

6. **Please give the name, full address and telephone number of the present school :**

.....

..... **Post Code**

Name of Head : **Telephone Number**

Does your child have any learning difficulties or special educational needs Yes/No
(Please provide full details)

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. A passport sized photograph together with **a cheque or cash for the non-returnable registration fee of £150 is enclosed**. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature: **Second Signature:**

Name in full: **Name in full:**

Relationship to the Child: **Relationship to the Child:**

Date: **Date:**

Please return to:
Mrs Mandy Stuffsins
Registrar
Lincoln Minster School
The Prior Building
Upper Lindum Street
Lincoln LN2 5RW

Please attach a
passport sized
photograph of
your
daughter/son