



# ST BEES SCHOOL

WHERE WEST MEETS EAST

We are delighted you are interested in St Bees. Please complete all sections in BLOCK CAPITALS and return to the Main Office with a Registration Fee of £100. For any queries, please contact [admissions@stbeesschool.co.uk](mailto:admissions@stbeesschool.co.uk) or phone +44 (0) 1946 828000.

YOUR CHILD

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
			(please underline preferred first name)
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Nationality	<input type="text"/>	UK passport	<input type="checkbox"/> Y <input type="checkbox"/> N
Siblings	<input type="checkbox"/> older <input type="checkbox"/> younger	Visa required	<input type="checkbox"/> Y <input type="checkbox"/> N

ENTRY

Entry Year	<input type="text"/>	Autumn	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	<input type="checkbox"/>
Entry Year Group	Y7 (11+) <input type="checkbox"/>	Y8 (12+) <input type="checkbox"/>	Y9 (13+) <input type="checkbox"/>	Y10 (14+) <input type="checkbox"/>	Y11 (15+) <input type="checkbox"/>	Pre-A (15+) <input type="checkbox"/>	Y12 (16+) <input type="checkbox"/>
Day	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Flexi	<input type="checkbox"/>	Full	<input type="checkbox"/>

SCHOOLING

Present School	<input type="text"/>		
Address	<input type="text"/>		
Head's Name	<input type="text"/>	Phone	<input type="text"/>

# REGISTRATION FORM

PARENTS

	Parent One	Parent Two
Title and Full Name	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Home/Work Phone	<input type="text"/>	<input type="text"/>
How did you hear about St Bees?	<input type="text"/>	

NOTES

Please provide details of any medical conditions, health problem or allergy affecting your child; any learning difficulty, disability or special educational need of your child; whether your child speaks English as an additional language; as well as behavioural, emotional and/or social difficulty of your child. Please provide reports if relevant.

DECLARATION

I/We request that our child named here be registered as a prospective pupil of St Bees School.

I/We understand that the School may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I/We understand that the School may obtain, process and hold personal information about our child, which may include 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 Parent/Guardian	<input type="text"/>	Second Parent/Guardian	<input type="text"/>
Name and Date	<input type="text"/>	Name and Date	<input type="text"/>

**Any application for financial support must be made within 14 days receipt of this Registration Form.**

FEEES

I/We have paid the £100 Registration Fee either by enclosing a cheque made payable to St Bees Management Company Ltd or by bank transfer. Please use your surname as a reference.

<b>Bank Details</b>	NatWest Bank Plc, 71 Lowther Street, Whitehaven, Cumbria CA28 7AH		
<b>Account No</b>	60795093	<b>IBAN</b>	GB54NWBK01095460795093
<b>Sort Code</b>	01-09-54	<b>BIC</b>	NWBKGB2L