

Registration Form



Completed forms can be emailed or posted to us:

Email: registrar@piperscorner.co.uk

Address: Registrar Pipers Corner School Great Kingshill High Wycombe Buckinghamshire HP15 6LP

Tel: 01494 719843 www.piperscorner.co.uk

Pupil Details

First Name Middle Name

Preferred Name

Surname Date of Birth

Nationality

Proposed Year Group on Entry Proposed Year of Entry
(e.g. Year 7) (e.g. 2025)

Have you registered your daughter at any other school(s) and if so, which?

Do you have any connection to Pipers Corner School?

How did you first find out about Pipers Corner?

Friends Present School Reputation Internet Search Local Knowledge

Current School

Please give details of your daughter's current school. Please note that they will be asked to supply a confidential reference as part of our admissions procedure, but this won't be done without your prior consent.

Name Dates of Attendance

Address

Name of Headteacher

Email Address

Parents/Legal Guardians

Are the parents married to each other? Yes No

Do the parents live together? Yes No

Parent 1

Parent 2

(Please tick if this is your daughter's normal home address)

(Please tick if this is your daughter's normal home address)

Title
(e.g. Mr/Mrs/Ms)

Title
(e.g. Mr/Mrs/Ms)

Full Name

Full Name

Relationship to Child

Relationship to Child

Telephone

Telephone

Email Address

Email Address

Address (including postcode)

Address (including postcode if different to Parent 1)

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Occupation

Occupation

Other Information

This section **MUST** be completed in order to ensure that we have suitable support in place for your daughter.

Does your daughter have an Educational Psychologist report? Yes No

If yes, please give the date of the report and attach a copy to this form: Date of Report / / 20

Please provide us with details of any learning difficulty, disability and/or special education need affecting your daughter

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Please provide us with details of any behavioural, emotional and/or social difficulty affecting your daughter

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Please provide us with details of any medical condition, health problem and/or allergy affecting your daughter

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If you would like to provide any additional details about your daughter please do so below (please use additional sheets if required)

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Other People with Parental Responsibility

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the child named on page 2. Their consent to the child attending Pipers Corner will be required if an offer of a place is made.

Relationship to the Child

Title Full Name

(e.g. Mr/Mrs/Ms)

Telephone Email Address

Address (including postcode)

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Notes

Early registration is recommended. Registrations will be considered in the order in which they are received. Offers of places are subject to availability and the admission requirements of the School at the time the offers are made. A copy of the School's Terms and Conditions is available upon request and the Admissions Policy can be found on our website.

If you would like further information about how the School processes personal information, please see our Privacy Notice which is published on our website. Please note that in line with the School's **Information and Records Retention Policy**, the information will be retained until such time as a girl is too old to be considered for entry into the School.

Registration Fee Payment

I/We have made a non-refundable bank transfer for £150 (using the name of the child as a payment reference).

Pipers Corner School Ltd | Sort Code 20-40-89 | Account Number 10718726 | IBAN: GB48 BARC 2040 8910 7187 26

If you are unable to make a bank transfer, please contact the Admissions department by calling 01494 719843, or emailing registrar@piperscorner.co.uk.

Declaration

Please read the following statements then sign in the boxes below.

- I/We request that my/our child named on page 2 is registered as a prospective pupil and we understand her registration will be handled in accordance with our Admissions Policy.
- I/We have read and understood the Privacy Notice and agree that the School will obtain, process and store personal information about me/us and my/our child in the ways stated therein.
- If details of additional people with parental responsibility have been included on this form I/we have sought permission from the individual in question to provide them to the School. Where details have not been provided, I/we acknowledge that if a place is offered, the signatures of all those with parental responsibility will be required in order to accept the place at Pipers Corner School.

Signatures of Parents/Legal Guardians

Parent 1

Parent Signature

Name in Full

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Date of Birth.....

Date

Parent 2

Parent Signature

Name in Full

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Date of Birth.....

Date