



REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Pupil Details

Surname:

First Names:(underline preferred name)

Date of Birth: Nationality:

Religion: Ethnic Origin:(use code from table overleaf)

Proposed Entry Date:(Term)(Year)

Father's Title and Full Name:

Occupation:

Home Address:

..... Postcode:

Home Tel: Work Tel:

Mobile Tel: Email:

Mother's Title and Full Name:

Occupation:

Home Address (if different from above):

..... Postcode:

Home Tel: Work Tel:

Mobile Tel: Email:

Please state the name and address of current school (with dates):

.....

.....

Please give details of any connection to Dunottar School or another school in the United Learning group (i.e. a parent working at any United Learning school or any siblings of the prospective pupil attending a United Learning school):

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.....

Please complete this section to inform us of any special requirements, additional support needs or medical conditions of which we should be aware in order for your child to participate in the entrance assessment.

Please indicate any areas in which your child requires, or has previously received, any support by ticking the relevant box(es):

Sight Hearing Physical Special Learning Disabilities Emotional/behavioural (e.g. ADD/ADHD)

Other conditions (e.g. Asthma, Allergies, Diabetes)

Please give further information (on a separate sheet if required)

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If your child has seen a specialist(s)/Educational Psychologist, please enclose a copy of any reports.

Please outline any artistic, dramatic, musical or sporting skills or experiences including other interests or hobbies:

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Have you registered at any other school and if so which?

.....

Please say how you first heard about Dunottar:

Local Reputation Current School Friends Advertisement

Other (Please state).....

Offers of Places are subject to availability and the admission requirements of Dunottar 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 our child be registered as a prospective pupil. All those with parental responsibility for the child have agreed to this application.

A cheque for the non-returnable registration fee of £100 is enclosed, made payable to UCST—Dunottar School.

We understand that the standard terms and conditions of Dunottar School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school.

First Signature Second Signature

Name in full Name in full

Relationship to Child Relationship to Child

Ethnic Origin Codes			
White		Asian or Asian British	7
British	1	Indian	8
Irish	2	Pakistani	9
Any other White background	3	Bangladeshi	10
		Chinese	11
		Any other Asian background	12
Black or British Black		Mixed	
Caribbean	4	White and Black Caribbean	13
African	5	White and Black African	14
Any other Black background	6	White and Asian	15
		Any other mixed background	16
		Other ethnic background	17

Please return this form to:

The Admissions Secretary
 Dunottar School
 High Trees Road
 Reigate
 Surrey
 RH2 7EL

Tel: 01737 761945

Web: www.dunottarschool.com

