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**St Mary’s School**

**Packhorse Road, Gerrards Cross, Buckinghamshire SL9 8JQ**

**Telephone: (01753) 883370** [**registrar@st-marys.bucks.sch.uk**](mailto:registrar@st-marys.bucks.sch.uk) **/www.stmarysschool.co.uk**

Candidate’s

Photograph

Sixth Form Registration Form

P Proposed year of entry: September ......................(year) at age ...............

Daughter’s Surname:..................................................................................

Forenames:...........................................................Date of Birth:................

Ethnicity: ……………………………………………………………………………………………….

If English is not the primary language spoken at home, please add: …………………………………………………………

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| **Mother:**  Title:..............................Forenames..............................................Surname................................................  Address:............................................................................................................Postcode:...........................  Telephone:................................................Work...............................................Mobile...............................  Email:............................................................................Profession or Occupation.....................................  **Father:**  Title:..............................Forenames..............................................Surname................................................  Address:............................................................................................................Postcode:...........................  Telephone:................................................Work...............................................Mobile...............................  Email:............................................................................Profession or Occupation..................................... |

Please state with which parent(s) the applicant lives: Both Mother Father

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| **Daughter’s Present School**:  School Name:.........................................................................Name of Head............................................  School Address....................................................................................Postcode.......................................  Date of Entry..........................................................................Telephone..................................................  Email......................................................................................................................................................... |

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| Please give names, ages and schools of all siblings:................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  ..................................................................................................................................................................  Previous connection (if any) with St Mary’s School:.................................................................................  .................................................................................................................................................................. |

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| Do you wish to be considered for Fee assistance? Yes No |

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| **Special Requirements**:  St Mary’s School is committed to helping their pupils to overcome any barriers to learning which they may encounter. With this is mind, we should be grateful if you would also let us know:  ....................................................................................................................................................................  ……………………………………………………………………………………………………………………………………………………………..  **If your daughter has any disabilities of which we should be aware in relation to her participation in our entrance procedures, please give details here.**  ....................................................................................................................................................................  .................................................................................................................................................................... |

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| **Declaration:**  We request that our daughter is registered as a prospective pupil of St Mary’s School. We understand there is an admission procedure and once this has been completed offers will be made by the school. The Terms and Conditions of Admission will be sent to successful applicants.  We acknowledge that a non-refundable registration fee of **£100** should be enclosed with this application via cheque or bank transfer to:-  Royal Bank of Scotland  Sort Code – 16 24 48  Account Number – 10082964  Reference – Daughter’s Name  Please note that St Mary’s School will not be changing these details nor do we use alternate accounts. If you are ever requested to make a payment to an account different to these, please contact the Bursar (by phone) for confirmation.  We agree that St Mary’s School may contact our daughter’s present school for a reference.  I / We understand that the personal data provided above will be processed for the purposes set out in St Mary’s School’s Privacy Notice.  For the purposes of data protection law, St Mary’s School is the data controller for any personal data you supply to us. This personal data will be processed in accordance with data protection law, only used for the purpose(s) for which you have supplied it to us and our Privacy Notice, and (except where you have consented) only shared with third parties where it is necessary for us to do so and the law allows it. If we share your personal information with another organisation (eg another school, ISI, DfE or another government department etc) this will be to help us act upon what you have told us or because these organisations need to be made aware of what you are telling us (in order for them to act upon it).  Please let us know if you do not wish us to share your information with relevant organisations, but also be aware that we might not be able to act upon your correspondence if we do not share it. It is also important to note that, in certain circumstances, we might have a legal obligation to share the information that you have supplied to us with other organisations.  We confirm, by signing this form that the information we have provided is, to the best of our knowledge true.  Signed ...........................................................(Mother) Signed ....................................................(Father)  ***Please return this Registration Form, accompanied by a photo and a fee of £100*** |

I intend to apply for the Academic Scholarship (please tick here)

I intend to apply for the Performing and Creative Arts Scholarship (please tick here)

Please list below any GCSEs **already** taken and the grades achieved.

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| SUBJECT | Examination Board | Grade |
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Please list below all GCSEs or other exams to be taken this year.

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| SUBJECT | Level  (eg GCSE, A level) | Predicted Grade |
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Which fours subjects will your daughter study at A Level?

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| SUBJECT 1 | SUBJECT 2 | SUBJECT 3 | SUBJECT 4 |
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