

# Registration Form

**PUPIL INFORMATION** (Please complete in block capitals)

Pupil first name: ..... Pupil preferred name: .....

Pupil surname: ..... Date of birth: .....

Place of birth: ..... Nationality (as stated on passport): .....

Entry year group (e.g. Year 7): ..... First language: .....

Year of entry (e.g. September 2027): ..... Gender: .....

Name of current school: .....

School email: ..... Headteacher: .....

**APPLICATION INFORMATION**

I am interested in:

- Full boarding     Weekly boarding
- Flexi boarding     Day pupil

Is Christ College your first choice of school?  Yes  No

Are you interested in school transport?  Yes  No

**FEE REMISSION**

- Old Breconian     CEA

**SCHOLARSHIP APPLICATION**

Are you applying for a scholarship?  Yes  No  
Scholarships are **only** available for entry to Year 7, Year 9 and Sixth Form.

- | 11+                               | 13+  | 16+  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Academic          | <input type="checkbox"/> Academic          |
| <input type="checkbox"/> Always   | <input type="checkbox"/> Sport             | <input type="checkbox"/> Sport             |
|                                   | <input type="checkbox"/> Drama             | <input type="checkbox"/> Drama             |
|                                   | <input type="checkbox"/> Music             | <input type="checkbox"/> Music             |
|                                   | <input type="checkbox"/> Art               | <input type="checkbox"/> Art               |
|                                   | <input type="checkbox"/> All-Rounder       | <input type="checkbox"/> All-Rounder       |
|                                   | <input type="checkbox"/> Outdoor Adventure | <input type="checkbox"/> Outdoor Adventure |

**PARENT INFORMATION** (Please complete clearly in block capitals)

**Parent 1**

Title: .....

First name: .....

Surname: .....

Address and postcode: .....

.....

Telephone: .....

Email: .....

Profession: .....

Relationship to child: .....

**Parent 2**

Title: .....

First name: .....

Surname: .....

Address and postcode: .....

.....

Telephone: .....

Email: .....

Profession: .....

Relationship to child: .....

Parents'/guardians' relationship:

(All persons with parental responsibility will need to consent to the child attending the school if an offer is made, and therefore, must sign this form).

- Primary pupil residence:     Parent 1     Parent 2
- Responsible for fees:     Parent 1     Parent 2

**SUPPORTING INFORMATION** (Please complete this section in full)

**Medical**

Does your child have any medical conditions?  Yes  No  
(If yes, please attach further details of the medical condition with this form)

Does your child have a disability?  Yes  No  
(If yes, please attach further details of the disability with this form)

**Learning Support**

Is your child currently receiving additional support in class?  Yes  No  
(If yes, please attach further details and level of support provided)

Is your child receiving, or previously received learning support at school?  Yes  No  
(If yes, please attach further details and level of support provided)

Has your child received any of the following?  Educational Psychology Report (EP)  Individual Development Plan (IDP)  
 Education Health and Care Plan (EHCP)  Other external assessment for ALN  
(If yes, please include a copy of the relevant document with this form)

Has your child experienced any of the following?  Communication issues  Social issues  Behavioural issues

If yes, were Social Services involved?  Yes  No  
(If yes, please attach further details)

**Behaviour**

Has your child been subject to any disciplinary procedures at school?  Yes  No  
(If yes, please attach further details)

**Please attach additional information as necessary regarding anything not covered by the above questions.**

**Registration Fee**

A non-refundable registration fee of £132 is payable on submission of this form.

Account Name: Christ College No 1 Account      Account Number: 00026567

Sort Code: 30-91-16      Reference: Please use your child's name as a reference

**Additional Information** (The school cannot complete registration until all documents have been received. Should any document not be available, please provide a supporting explanation letter.)

Alongside the registration form, please also provide:

- Recent school report     A colour copy of your child's passport     A colour copy of your child's birth certificate  
(overseas or non UK residents only)

**Declaration**

We request that the child named on this form be registered as a prospective pupil of the school. We understand that the registration of our child does not guarantee a place but does ensure that they will be entered into the admissions application process and the relevant entrance assessments. **Please return this form and all supporting information to: Admissions, Christ College, Brecon, Powys, LD3 8AF or email to [admissions@christcollegebrecon.com](mailto:admissions@christcollegebrecon.com)**

Parent 1 name: .....

Date: ..... Signed:.....

Parent 2 name: .....

Date: ..... Signed:.....