



Rockport School

# REGISTRATION FORM

## CHILD'S DETAILS

Surname  Forename(s)

Preferred forename  Date of birth  Gender M  F

Nationality  Religion

Proposed month & year of entry  Proposed year group  Type of place Boarding  Day

Present school

Address

Head  Email

Dates of attendance From  To

Please state any other schools at which he/she is registered for entry (if applicable)

School

Please state any Learning Support needs (if applicable)

## FAMILY DETAILS

Are there any family circumstances of which the School ought to be aware?

With whom should correspondence be made? Both  Mother  Father

Connections with the School if applicable, e.g. O.R., current parent(s)/pupil(s)

## FATHER

Surname

Forename(s)

Title

Address

Town

Postcode

Country

Home Tel.

Work Tel.

Mobile Tel.

Email

Occupation

Employer

## MOTHER

Surname

Forename(s)

Title

Address  
*(If different  
from Father)*

Town

Postcode

Country

Home Tel.

Work Tel.

Mobile Tel.

Email

Occupation

Employer

## FEEDBACK Please let us know how you first heard about the School

Local knowledge

Present school

Friends

Current parent

Recommendation

Advertisement

Website

Old Rockportian

Other (please give details)

## PARENTAL DECLARATION

I/We request that our child named above is registered as a prospective pupil.

I/We understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about me/us which may include financial information by me/us.

I/We understand that the School may also 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.

I/We enclose the non-refundable **Registration Fee of £250 UK & E.E.A and £500 for Non E.E.A** together with this completed Registration Form duly signed by me/us/

### FIRST PARENT/LEGAL GUARDIAN

Signature

Name in full

Relationship  
with child

Date

### SECOND PARENT/LEGAL GUARDIAN

Signature

Name in full

Relationship  
with child

Date

## PAYMENT DETAILS (PAYMENT CAN BE MADE BY CHEQUE OR DIRECT BANK TRANSFER)

### PAYMENT BY CHEQUE

Please make Cheques payable to Rockport School Ltd.

### PAYMENT BY DIRECT BANK TRANSFER

Danske Bank Account Name: Rockport School Ltd.

Sort Code: 95-06-11 Account Number: 30047333

IBAN Number: GB29DABA95061130047333

Swift/BIC Number: DABAGB2B

## ROCKPORT SCHOOL

Craigavad, Holywood, Co. Down, BT18 0DD

Telephone. 028 9042 8372 Fax. 028 9042 2608 Email. [admissions@rockportschool.com](mailto:admissions@rockportschool.com) Web. [www.rockportschool.com](http://www.rockportschool.com)

Company Reg. No. NI007054 Registered Charity No. XN48119