

REGISTRATION FORM

Please complete this form to register your interest in Clifton High School. The Admissions Department will then contact you with all the necessary information. Please note that the information you provide will be stored and processed in line with the School's privacy notices, and your application will be processed in line with the Admissions Policy, which can be accessed on the School's website. There is no registration fee.

Child's surname:	Date of birth:					
Child's forename:		Gender:				
Child's middle name (s):		Proposed year group of entry:				
Name generally used:		Proposed date of entry:				
Country of birth:		Nationality:				
Visa status:	Ethnicity:					
CAS Number \square Visa applied for \square	Visa issued □	ed 🗆				
Parents Details						
Each person with parental responsibility is re- any family circumstances or Court Orders wh is available from the Admissions Department	nich might affect					
	Parent A		Parent B			
Name (with title):						
Relationship to child:						
Home telephone:						
Work telephone:						
Mobile telephone:						
Preferred contact number:						
Address (with postcode):						
Email address:						
Eman address.						
Occupation:						
Occupation: Employer:						
Occupation:						

provision:	ress, and Head Teacher of y	your child's pre	sent senooi, detai			and or any other		
cademically. Consequentl	ective School where the ex y, it is important that the S	-			_			
neet any particular needs.								
lease tick as appropriate:								
Does your child have any identified special need or disability?					es 🗆	No 🗆		
Are there any circumstances relating to your child which the School should be aware, for example, has your child ever seen or been recommended to see an Educational Psychologist or Speech and Language Therapist?					es 🗆	No 🗆		
Has your child been involved personally in any safeguarding, behavioural or disciplinary matters, either pending investigation, or previously resolved?					es 🗆	No 🗆		
yes, please give all known	details (attach additional she	eet if necessary)	;					
n Educational Psychologist nave been written earlier n	t support to your child, it is ir or specialist reports written your child's education. Please o your child by ticking the re	about them. The include a copy	is includes current	report	s as well as	those that may		
Attention Deficit Hyperac	tivity Disorder	Specific	Specific Allergies					
Attention Deficit Disorder		Dyslexia	Dyslexia					
Hearing Impairment		Dyspraxia						
Visual Impairment		Dyscalculia						
Aspergers Syndrome		Autism						
Processing Difficulties		Mobility						
Diagnosed Dietary Condit	ion or Allergy	Speech a	Speech and Language Disorde					
Born prematurely		Other						
Are there any special arraimay need to be made for y	ngements or reasonable adju your child?	ıstments that						
Is English your child' first	language?							
If not, please state your ch	ild's first language?							
Does your child hold a UK	passport?							
If not, does your child hav give details of visa dates a	e permission to reside in the nd expiry.	UK? Please						
How did you hear about	Clifton High School?							
Search engine	Advertisement	dvertisement Word of mouth						
Feeder school	School signage	Social media			ner 🗆			
Parent A Signature				Date				
Parent B Signature				Date				

School Office 0117 973 0201 schooloffice@cliftonhigh.co.uk

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