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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Ladbroke Square Montessori School | | | | |  | |
| Child’s Surname | | | | | | | | | | |
| First Name | | | | | | | | Preferred Name | | |
| Date of Birth | Day | | Month | | | Year | | Please select | Girl | Boy |
|  |  |  | |  |  |  |
| Desired Entry Term | | | | | | | | Nationality | | |
| Languages Spoken at Home | | | | | | | | | | |
| Home Address & Postcode | | | | | | | | | | |
| Telephone Number | | | | | | | | | | |
| Parent 1 full Name (and title) | | | | | | | | | | |
| Home Telephone Number | | | | | | | | Mobile Number | | |
|  | | | | | | | |  | | |
| Email | | | | | | | | | | |
| Home Address (if different) | | | | | | | | | | |
| Parent 2 full Name (and title) | | | | | | | | | | |
| Home Telephone Number | | | | | | | | Mobile Number | | |
|  | | | | | | | |  | | |
| Email | | | | | | | | | | |
| Home Address (if different) | | | | | | | | | | |
| Any special needs relating to your child: health, allergies, culture, language, religion | | | | | | | | | | |
| Please let us know how you heard of Ladbroke Square | | | | | | | | | | |
| **Conditions of entry** | | | | | | | | | | |
| 1. Fees are payable in advance at commencement of each term | | | | | | | | | | |
| 1. A full term’s written notice is required before taking a pupil out of school; otherwise parents are liable for fees in lieu of notice. 2. A full term’s written notice must be given for the deposit to be returned. | | | | | | | | | | |
| Please return this form with the non-refundable registration fee of £100 to the school office. Payments can be made by either: - | | | | | | | | | | |
| BACS (with your **child’s name** as a reference): KATEVA Management ltd  acc: 80021377 Sort code 20-47-47 | | | | | | | | Cheque made payable to:  LADBROKE SQUARE MONTESSORI SCHOOL | | |
| Signature | | | | | | | | | | |
| Office Use Only | | | | | | | | | | |
| Registration Fee Received | | | | | | | | Deposit Request Date | | |
| Entry Term/Year | | | | | | | | Deposit Received | | |
| Place Taken up | | | | | | | |  | | |

By registering my child, I agree to LSMS collecting and holding my data in accordance with the school privacy notice.

In line with GDPR regulations, LSMS will hold all data securely.

If you do not respond to an official place offer letter after 21 days, we will destroy any data held by the school.

Please sign and date indicating you agree to the school holding and processing your data.

Parent 1, Name……………………………………………………………………………..

Signature…………………………………………………………… date…………………

Parent 2, Name……………………………………………………………………………..

Signature…………………………………………………………… date…………………