



Registration Form

Please complete this form in as much detail as possible. We need this information to process your application for a place for your child. If you do not complete the mandatory sections in full, as indicated by an *, this may jeopardise or delay your application. Your completed form should be returned to the Registrar, together with a copy of your child's birth certificate or passport, and the non-refundable £90 registration fee, payable online to:

Lancing College Ltd Worthing Sort Code: 20 – 65 – 82 Account No: 93191095

Please quote your child's name as payment reference. Please see our Registration & Fees document for further information

DETAILS OF CHILD

Forenames *	<input type="text"/>						
Surname *	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>
Date of birth (DD/MM/YY) *	<input type="text"/>	Country of birth *	<input type="text"/>				
Nationality *	<input type="text"/>	Ethnic origin *	<input type="text"/>				
First Language *	<input type="text"/>	Religion *	<input type="text"/>				
Additional Language(s) *	<input type="text"/>						
Does your child require a visa to join Lancing Prep Worthing?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Proposed term and year of entry	<input type="text"/>	Proposed year group	<input type="text"/>				
Current school/nursery (where applicable)	<input type="text"/>						
Please tick to confirm your agreement for us to contact child's current school for a reference							<input type="checkbox"/>

ADDITIONAL INFORMATION TO ALLOW US TO PROCESS YOUR APPLICATION

Please tick any of the following that apply to your child and supply details in a covering letter, or on the next page

Any known medical condition(s), health problems or allergies?	<input type="checkbox"/>
Please indicate if there is any reason to suspect that your child has learning difficulties or special educational needs, or if an assessment is currently being considered or is in progress	<input type="checkbox"/>
Please indicate if your child has an Education, Health and Care Plan (EHCP) or one is currently in progress. If yes, please attach the report and provide brief details (including areas of need and any relevant support)	<input type="checkbox"/>
Any person named on this form expects to change address during the next 12 months	<input type="checkbox"/>
The parents are separated or divorced	<input type="checkbox"/>
There are any Court Orders in relation to the child, for example as to parental responsibility, residence, contact, prohibited steps, specific issues or periodical payments; or in relation to the parents if either parent is an undischarged bankrupt or subject to an individual voluntary arrangement	<input type="checkbox"/>
Please let us know of any pastoral, emotional, social, or behavioural matters that may affect your child's wellbeing or learning in school. This may include anxiety, friendship concerns, or behaviour support needs	<input type="checkbox"/>
Please share any other information you feel would be helpful for us to know in order to support your child effectively at school (eg family circumstances, learning preferences, or recent changes at home)	<input type="checkbox"/>

ADDITIONAL INFORMATION TO ALLOW US TO PROCESS YOUR APPLICATION

If you have ticked any of the boxes on the first page, please use the space below to provide additional details:

1st Parent/Guardian name, incl. title	
Address: House name/number	
Address: Street 1	
Address: Street 2	
Address: Town	
Address: Postcode	
Occupation	
Telephone number (day)	
Telephone number (mobile)	
Email address	
Signature of 1st Parent/Guardian¹	
Date	
2nd Parent/Guardian name, incl. title	
Address: House name/number	
Address: Street 1	
Address: Street 2	
Address: Town	
Address: Postcode	
Occupation	
Telephone number (day)	
Telephone number (mobile)	
Email address	
Signature of 2nd Parent/Guardian¹	
Date	

¹ In the case of a Guardian having been appointed by the parents, the Guardian's contact details should be given.

[Click to Print Form](#)