

## Student Details

<b>Student's Surname:</b>	<b>Student's Name(s):</b>	<b>Preferred Name:</b>
<b>UK Address:</b>		
<b>International Address:</b>		
<b>Sex:</b> <input type="checkbox"/> (Male) <input type="checkbox"/> (Female)	<b>Date of Birth:</b>	<b>CAS Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Place of Birth:</b>	<b>Visa type to enter UK if applicable:</b>	<b>Nationality:</b> Please attach a copy of passport with completed form
<b>How did you first hear about OIS?</b>		
<b>Father's Name and Surname / Guardian:</b>		
<b>Nationality:</b>	<b>Email:</b>	
<b>Mobile Telephone:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
<b>Company:</b>	<b>Profession:</b>	
<b>Mother's Name and Surname / Guardian:</b>		
<b>Nationality:</b>	<b>Email:</b>	
<b>Mobile Telephone:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
<b>Company:</b>	<b>Profession:</b>	

## Academic Details

Current School:

Entry Date of Current School:

School Address:

Name of Headteacher / Tutor:

Telephone:

Email:

Has the pupil repeated any school year?

Yes  No

If yes, specify:

Please attach a copy of the most recent school report to the completed form

Have you applied to any other schools? If so, which ones?

## ENGLISH AS AN ADDITIONAL LANGUAGE STUDENTS ONLY

Indicate any English qualifications already obtained:

Level of English:

Low  Medium  High

Language(s) spoken at home:

EAL (English as an additional language) Requirements:

## Other Details

Number of siblings:

Add names and ages:

Number of siblings registered at OIS and year group:

Student's hobbies / interests:

Does the student currently receive any medical and / or educational support?

If yes, please attach copies of any medical or diagnostic reports

<b>Marital Status of Parents:</b>	<b>In case of divorce or separation, please indicate who has custody of the child:</b>
<b>IN CASE OF DIVORCE OR SEPARATION, PLEASE PROVIDE AN ADDITIONAL ADDRESS FOR COPY OF SCHOOL CORRESPONDENCE</b>	
<b>Addressee and Address:</b>	

School Year in Which You Are Enrolling						
<b>Academic Year:</b> _____ / _____				<b>Month To Join:</b> _____		
NURSERY / PRIMARY						
Nursery (2-3 yr) 50 Weeks <input type="checkbox"/>	Nursery (3-4 yr) 50 Weeks <input type="checkbox"/>	Nursery (3-4 yr) Term Time <input type="checkbox"/>	Reception <input type="checkbox"/>			
Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/>	Year 4 <input type="checkbox"/>	Year 5 <input type="checkbox"/>	Year 6 <input type="checkbox"/>	

All adults with parental responsibility are required to sign the Registration Form	
<b>Signature of Parent / Guardian:</b>	<b>Signature of Parent / Guardian:</b>
<b>Date:</b>	<b>Date:</b>
We enclose payment for the non-refundable registration fee of £100 <input type="checkbox"/> (To pay via bank transfer, please contact the Registrar.)	

**NOTE:**

1. This form is not a guarantee of a place in the School.
2. In the event of omission or falseness of the documentation or information required, the School may cancel the enrolment during the School year.

By completing this form we have your consent to provide you with the requested information in relation to the School's educational services. In accordance with the Regulation (EU) 2016/679 of the European Parliament and the Council on the protection of individuals with regards to the processing of personal data you have the right to access the information that concerns you (Article 15), amend if incorrect (Article 16), eliminate (Article 17), limit use of (Article 18), portability (Article 20).