



ACCEPTANCE FORM

Please complete this form and return it to Mrs Adrienne Forster with your acceptance deposit of £500 per child.
 Banstead Preparatory School, Sutton Lane, Banstead, Surrey, SM7 3RA. Cheques should be made payable to "UCST
 Banstead Prep". Bank transfers to Barclays Bank, Sort Code: 20-46-50, Account: 80038830

<p>1. SURNAME OF PUPIL:</p> <p>FIRST NAMES: <i>(Please underline the name generally used)</i></p> <p>Date of Birth: Boy / Girl</p> <p>Child's Home Address:.....</p> <p>..... Post Code:.....</p> <p>Nationality..... Religion.....</p> <p>Please give the name and address of the present school (with dates):.....</p> <p>.....</p> <p>Headteacher:..... Telephone:.....</p>
<p>2. Names of any siblings attending this or any other school within the Group (please specify)</p> <p>.....</p>
<p>3. Term and Year or Date of Entry:</p> <p>Year Group on Entry:</p>
<p>4. PARENT 1 FULL TITLE / NAME:.....</p> <p>PREVIOUS / OTHER NAMES:.....</p> <p>Relationship to Pupil:.....</p> <p>Address (if different from above):.....</p> <p>..... Post Code:.....</p> <p>Occupation / Place of work:.....</p> <p>Home Telephone:..... Mobile:.....</p> <p>Work Telephone:..... Email:.....</p>



BANSTEAD

PREPARATORY
SCHOOL

5. PARENT 2 FULL TITLE / NAME:.....

PREVIOUS / OTHER NAMES:.....

Relationship to Pupil:.....

Address (if different from above):.....

..... Post Code:.....

Occupation / Place of work:.....

.....

Home Telephone:..... Mobile:.....

Work Telephone:..... Email:.....

6. DETAILS OF ANY OTHER PERSON HAVING PARENTAL RESPONSIBILITY AND/OR GUARDIAN TITLE / FULL NAME:.....

(Appointed under section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by an existing guardian. This is compulsory for Overseas pupils).

Please note: The above named person must sign the declaration in addition to the parents.

ADDRESS:.....

..... Post Code:.....

Occupation / Place of work:.....

Home Telephone:..... Mobile:.....

Work Telephone:..... Email:.....

7. PERSON TO WHOM THE FEE INVOICE SHOULD BE SENT:

.....

Relationship to Pupil:.....

Address (if different from above):.....

..... Post Code:.....

Occupation / Place of work:.....

Home Telephone:..... Mobile:.....

Work Telephone:..... Email for billing purposes:.....

Signature..... Full Name:.....

Please note: For the avoidance of doubt, all signatories to the declaration are jointly and severally liable for the payment of Fees.

DECLARATION

Declaration (this must be signed by all persons named in sections 4, 5, 6 & 7)

We accept the offer of a place at Banstead Preparatory School. We have read, agree and understand the Standard Terms and Conditions enclosed, and note that they may undergo reasonable change from time to time as circumstances require.

We understand that a full term's fees (less deposit) are payable if less than one term's written notice is provided of a cancellation of a place, and that in the case of cancellation with notice the deposit will be retained by the school. We are not (jointly or individually) in arrears on the payment of fees or charges owing to our child's current or previous school / placement. We understand that we are jointly and separately liable for the payment of fees, including any extras and any fees in lieu of notice.

We the above named parents, co-habit/live separately at the address(es) shown above, and agree to notify the school immediately of any change of address or family circumstance. All holders of parental responsibility for the pupil have signed this form, and no one else holds parental responsibility for him/her. There are no court orders or parental responsibility agreements in place in respect of the care or living arrangements of our child, or relating to the payment of fees, and any such orders or agreements will be immediately notified to the school and copies provided.

A Medical Declaration in relation to the pupil will be completed, and the school will be provided with all relevant information regarding our child's needs, including copies of any medical or other professional reports or assessments. Our child has not been expelled or removed at the request of another school for misconduct. Any information or circumstance relating to us and/or our child that has been previously notified to the school is and remains complete and accurate, and we will notify the school immediately of any change.

Our child has the right to enter, live and study in the United Kingdom, and if we require the school to sponsor our child as a condition of his/her entry into the UK, we have already notified the school.

The Acceptance Deposit of £500 is enclosed / has been transferred (delete as appropriate).

Data Protection

*The data controller for personal information held by Banstead School is United Church Schools Trust (UCST). UCST is registered with the Information Commissioner's Office (ICO). The registration number is **Z533407X**. The Data Protection Officer is Steve Whiffen, company.secretary@unitedlearning.org.uk*

The School and UCST will obtain process and hold personal information about you and your child in accordance with the purposes set out in the Standard Terms and Conditions and the School's Privacy Notice, which is available on the School's website.

Signature (Parents)

.....Full Name:.....Date:.....

.....Full Name:.....Date:.....

Signature (Parental Responsibility / Guardian) Sections 4,5,6

.....Full Name:.....Date:.....

Signature (Person to whom invoice should be sent) Section 7

.....Full Name:.....Date:.....

INSURANCE AND PAYMENT DETAILS

If you have any queries regarding the completion of this form, please contact Mrs Adrienne Forster.

8. INSURANCES AND FEES REFUND SCHEME

Over the years, parents have asked us to help them secure cover against various mishaps. We have obtained good, competitive schemes and a significant number of parents subscribe to them. A summary of these schemes can be found on the school website.

If you wish to participate in any of these schemes, please provide your consent by circling the appropriate yes / no option below and signing section 8. Please note, applicable charges for these schemes will be added to your day pupil fee bill. Failure to complete and sign section 8 will be accepted as confirmation that you do not wish to participate in these schemes.

Pupil Name:.....

AXA PPP Private Health Care	Yes	No
Fees Refund Scheme (including Accidental Death Cover for the fee payer) <i>(Please note the fees refund scheme is not an insurance policy)</i>	Yes	No

Parent Name:..... **Parent Signature:**.....

9. PAYMENT TERMS

United Learning offers parents, at its discretion, the option to pay a particular terms fees by instalment under our Instalment Scheme. Under the Instalment Scheme the dates and amounts of each instalment for that particular terms fees will be set out in a separate agreement for that term. No administration charges, interest or other charges are included in the Instalment Scheme. The School reserves the right to withdraw or amend the terms of the Instalment Scheme at any time by giving you notice in writing before the beginning of a new school term. No agreement to accept payment on deferred terms will be valid unless it provides for no more than twelve payments within a twelve-month period.

We also accept payments by debit or credit card

Please indicate below the method that you will be using to settle your school fees and if paying by direct debit, please complete a direct debit mandate.

Please note that Direct Debits can only be set up on UK current accounts.

	Please tick
<u>Termly</u> by Bank Transfer or Standing Order	<input type="checkbox"/>
<u>Termly</u> by Direct Debit <i>(Please complete the DD Mandate form)</i>	<input type="checkbox"/>
<u>Monthly</u> by Direct Debit <i>(Please complete the DD Mandate form)</i> <i>Please note, DD collections are on the first working day of each month</i>	<input type="checkbox"/>