**REGISTRATION FORM**

**Entry Details**

Proposed calendar year of entry: 2020 ☐, 2021 ☐, 2022 ☐, 2023 ☐, 2024☐, 2025☐

Entry to: 11+ ☐, 12+ ☐, 13+ ☐, 14+ ☐ or 16+ ☐

Please state whether registration is for entry to 11+ (Year 7) or 13+ (Year 9) or for any other year group (this can only be considered if there are any vacancies).

I/We certify that the candidate named on this registration form has not been dismissed or removed from any school on account of misconduct or non-payment of fees. A cheque made payable to The John Lyon School for the non-returnable Registration Fee of £125 is enclosed OR a bank transfer can be sent once registration forms have been submitted.

**Candidate Details.** Please provide your child’s details:

|  |  |  |
| --- | --- | --- |
| Surname:­­­­­­­­­­­­­­­­­­­­­­­­­­­ | First Name: | Middle Name(s) |
| Date of Birth: | Nationality: | Religion: |
| Boy ☐ Girl ☐ |

**Parental details**

|  |  |  |
| --- | --- | --- |
|  | Father/Guardian | Mother/Guardian |
| Title and Surname |  |  |
| Forenames |  |  |
| Home Address |  |  |
|  |  |  |
|  |  |  |
| Telephone (home) |  |  |
| Telephone (business) |  |  |
| Mobile |  |  |
| Email |  |  |
|  | **Please PRINT CLEARLY** | **Please PRINT CLEARLY** |
| Occupation |  |  |
| Employer |  |  |

|  |
| --- |
| If parents’ addresses differ, please indicate which address is to be used for correspondence: |
| At which address does the candidate reside: |
| **Current School Details**Name and full postal address of present school: | Telephone:Name of Head:How long has your child attended the School: |

**Additional Needs**

In order for the School to comply with its obligations under the Disability Discrimination Act, please detail the candidate’s known physical disabilities, using an extra sheet if necessary:

The John Lyon School has a well-deserved reputation for the excellence of our special educational needs support provided at no additional cost. In order to ensure that all candidates are supported appropriately you must make the School aware of any known educational need or learning difficulty (such as dyslexia). Disclosing a special need will not influence the School’s selection process however failure to disclose may lead to the withdrawal of an offered place. Please provide details, using an extra sheet if necessary:

**Family Association with John Lyon School**

Please indicate any past or current connection to the School, including any family member who is a current or previous pupil, with year and house details if known:

**Please list all other schools you have registered your child for entry**

|  |  |  |  |
| --- | --- | --- | --- |
| School 1: |  | School 3:  |  |
| School 2: |  | School 4:  |  |

Is this the applicant’s first application to the School? YES/NO\* If NO please give year of previous application: 20……

|  |  |
| --- | --- |
| Please state how you first heard of the School: |  |

**Declaration**

I understand the Terms and Conditions of entry to The John Lyon School will be sent at the time that an offer of a place is made, but are available earlier, if requested, on application from the Registrar.

|  |  |
| --- | --- |
| Parent’s Signature: | Parent’s Signature: |

Name(s) in full (in block capitals):

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| Date:  |

|  |
| --- |
| **Checklist**Before returning this completed Registration Form to the Registrar please ensure it is accompanied by the following:* The non-refundable Registration Fee ☐
* A photocopy of the candidate’s passport (page with photographic identification) ☐
* A photocopy of the candidate’s visa if non British or EU citizen ☐
* Details of physical disability or special educational needs (if appropriate) ☐
* A copy of the candidate’s most recent school report (for maintained schools only) ☐
 |

**To be returned to the Registrar**

**Post:** John Lyon, Middle Road, Harrow on the Hill, HA2 0HN **Email:** admissions@johnlyon.org

Telephone: 020 8515 9443 | admissions@johnlyon.org | www.johnlyon.org | @Johnlyonharrow

Registered Charity Number: 310033