

**Office Use Only:**

Date form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date deposit paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Wallace High School**

**PRE-PREPARATORY DEPARTMENT**

Privacy Notice (Summary)

*In order to process your child’s application to the Preparatory Department and to fulfil our legal obligations as a school we need to collect the following information. The information you provide on this form will only be held for as long as legally necessary.  We will only use information in order to fulfil the purpose we collected it for and to exercise our authority as an educational body. We have put in place appropriate security measures to prevent personal information from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. Under GDPR, pupils/parents/families/ carers have the right to request access to information about them that we hold. A full copy of our GDPR Privacy Notice including additional rights is available on request or from our website*[*www.wallaceprep.org/gdpr*](http://www.wallaceprep.org/gdpr)

|  |  |
| --- | --- |
| **Date on which admission is desired** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil’s Surname as per birth certificate** |  | | | |
| **Pupil’s Forename(s) as per birth certificate** | (Please underline the name by which the pupil is usually known) | | | |
| **Home Address** |  | | | |
|  | **Postcode** | |  |
| **Date of Birth** | ……… / ……… / ……… (DD/MM/YY) | **Sex** | M  F | |

|  |  |
| --- | --- |
| **Parent 1 Name:** |  |
| **Relationship to Child:** |  |
| **Address (if different from above):** |  |
| **Daytime Telephone Number:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Parent 2 Name:** |  |
| **Relationship to Child:** |  |
| **Address (if different from above):** |  |
| **Daytime Telephone Number:** |  |
| **Email Address:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position of Child in family  1 2 3 4 5 | |  |  | | --- | --- | | Older | Younger | |  |  | |  |  |   Brothers  Sisters |

Continued Overleaf

|  |  |
| --- | --- |
| **Medical Information:**  Please state any medical conditions which might affect your child’s performance and/or attendance at school e.g. diabetes, epilepsy, allergies, sight or hearing impairment |  |

|  |  |
| --- | --- |
| **Additional Information**  If there is additional information that you think might influence your child’s performance at school please indicate |  |

|  |  |  |
| --- | --- | --- |
| **Any Connections with Wallace High School:** |  | **Dates:** |
|  |  |  |
|  |  |  |
|  |  |  |

*Please delete as appropriate*

I wish to pay using Child Care Vouchers. Yes/No

I wish to pay using the Tax Free Government Scheme Yes/No

It is our intention for our Child to progress through the Preparatory Dept Yes/No

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

|  |
| --- |
| **PLEASE NOTE THAT TO SECURE A PLACE IN THE PRE-PREPARATORY DEPARTMENT A NON-REFUNDABLE DEPOSIT OF £500 IS REQUIRED.** |

12a Clonevin Park, Lisburn, BT28 3AD Tel: (028) 9267 2311 Fax: (028) 9266 6693

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[www.wallaceprep.org](http://www.wallaceprep.org) Head of Preparatory: Mr J Harper BEd (Hons)