

# GDST

GIRLS' DAY SCHOOL TRUST

## PARENT CONTRACT (F7).

Acceptance of offer of a place at

## SHREWSBURY HIGH SCHOOL

("the School")

in the

Term of 202

### SCHOOL OFFICE USE ONLY

Pupil Ref No.

Bursary Serial No.

S/B

Form on Entry:

Please read and note the Terms and Conditions attached and ensure that all white boxes are completed fully in block capitals to facilitate the accurate setting up and maintenance of your account details with the Trust.

### A DETAILS OF PUPIL

Surname:

Forenames:

Date of Birth: / /

Address:

Postcode:

Names & ages of siblings at this school:

Present School:

Address:

Postcode:

Telephone:

Name of Head Teacher:

Dates of attendance:

Type of school: INDEPENDENT  STATE

Outstanding Fees: YES  NO

Previously attended a GDST school: YES  NO

If yes, which one:

### B DETAILS OF PARENTS (Each parent to complete one section)

1 Relationship: MOTHER  FATHER

Title: MR  MRS  MISS  MS  DR  OTHER

Surname:

Forenames:

Previous or other names:

Email address:

Home address:

Postcode:

Home telephone:

Occupation:

Name and address of place of work:

Postcode:

Work telephone:

Mobile telephone:

2 Relationship: MOTHER  FATHER

Title: MR  MRS  MISS  MS  DR  OTHER

Surname:

Forenames:

Previous or other names:

Email address:

Home address:

Postcode:

Home telephone:

Occupation:

Name and address of place of work:

Postcode:

Work telephone:

Mobile telephone:

Please now sign Box E on page 2.

**C DETAILS OF ANY OTHER PERSON HAVING PARENTAL RESPONSIBILITY AND/OR GUARDIAN (Please add additional sheet if necessary)**

Title: MR  MRS  MISS  MS  DR  OTHER

Relationship to pupil: \_\_\_\_\_

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Previous or other names: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name and address of place of work: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Parental responsibility  Guardianship responsibility  
(Please tick)

Please now sign Box E below.

**D DETAILS OF PERSON(S) TO WHOM FEES INVOICE SHOULD BE SENT**

**Please note: Fees are payable by Direct Debit and a completed Direct Debit mandate must accompany this form. For the avoidance of doubt, all signatories to the Declaration in box 'E' are jointly and severally liable for the payment of Fees.**

Title: MR  MRS  MISS  MS  DR  OTHER

Relationship to pupil: \_\_\_\_\_

Surname(s): \_\_\_\_\_

Forenames: \_\_\_\_\_

Email address: \_\_\_\_\_

**The remaining information in this box need not be completed if details are already shown in Box B or C overleaf.**

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name and address of place of work: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Please now sign box E below.

**E DECLARATION**

**This must be signed by all persons named in boxes B, C and D.**

By signing this declaration we confirm we have read and understood and individually and together agree to the Terms and Conditions on pages 3 & 4 and we note we are jointly and severally liable. **For the avoidance of doubt this includes liability for the payment of Fees, Additional Charges and any Fees in Lieu of Notice.**

We confirm that all information supplied by us to the School and/or Trust is complete and accurate.

SIGNATURE	FULL NAME (print please):	DATE:
Box B (Parents):	_____	_____
_____	_____	_____
Box C (Guardian/Parental Responsibility):	_____	_____
_____	_____	_____
Box D (Person to whom invoice is sent):	_____	_____
_____	_____	_____

**F INSTRUCTIONS FOR RETURN**

**Before returning this agreement to the School please check and tick the boxes shown to ensure that nothing has been omitted.**

	Please tick	School use only
(a) All persons named in boxes B, C & D have signed and printed their names in box E	<input type="checkbox"/>	<input type="checkbox"/>
(b) Please detach the Terms and Conditions on pages 3 & 4 and retain them for your records	<input type="checkbox"/>	<input type="checkbox"/>
(c) Please return pages 1 & 2 to the school together with	<input type="checkbox"/>	<input type="checkbox"/>
- a completed Direct Debit mandate	<input type="checkbox"/>	<input type="checkbox"/>
- the deposit Paid	£ <input type="text"/>	<input type="checkbox"/>
- copies of any court orders or agreements concerning the pupil (relating to custody, parental responsibility, etc)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Any person not already listed on this form who has parental responsibility	NAME: <input type="text"/>	