

UK STUDENT REGISTRATION FORM

Boy Girl

Boarding Student Day Student

Student's family name

First or given name(s) *(Please underline the name generally used)*

Date of birth *day (dd) month (mm) year (yyyy)*

Place of birth

Nationality Religion

Name and address of present school

How many years has your child been at their present school Name of Head

Please tick which course your child will be applying for, and specify the year and intended date of entry in the table below:

Proposed duration at Rossall

School	Course	Year	Term		
			September	January	April
<i>Nursery School</i>	<i>Age 2 – 4</i>				
<i>Infant School</i>	<i>Age 4 – 7</i>				
<i>Junior School</i>	<i>Age 7 – 11</i>				
<i>Middle School</i>	<i>Age 11 – 13</i>				
<i>Intensive English & Academic Preparation Programmes</i>	<i>One Year iGCSE Course</i>				
	<i>One Term English & Academic Preparation Course</i>				
	<i>Two Term English & Academic Preparation Course</i>				
<i>Senior School</i>	<i>Age 13 – 16 (GCSE Course)</i>				
<i>Sixth Form</i>	<i>Two Year A Level Course</i>			<i>n/a</i>	<i>n/a</i>
	<i>Five Term A Level Course</i>		<i>n/a</i>		
	<i>Two Year I.B. Diploma Course</i>			<i>n/a</i>	<i>n/a</i>

Please indicate how you first heard of Rossall School (please tick)

- Advertisement*
 Agent**
 Friends
 Media story
 Present school
 Event/show
 Web search/website
 Word of mouth
 Other:

*Please give details here:

**Name of agent:

Please detail the names of any brothers or sisters attending Rossall or registered for entry, or any other connection with Rossall

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Have you visited Rossall School previously? Approx. date

What are the key areas you are looking for in a school?

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Parent/Guardian 1

Title & full name

Address

Tel (Home)

Tel (Business)

Tel (Mobile)

Email

Occupation

Does the student live with Parent/Guardian 1

Is the above the student's natural mother/father? Yes No

If No, please indicate relation to student

Have you registered your child with any other School or College in the UK? Yes No

Please outline below any particular artistic, dramatic, musical, sporting skills, and experience and any hobbies or interests that your child has.

Does your child take any regular medication? Yes No

Does your child suffer from a medical condition? (e.g. diabetes, epilepsy, food allergies) Yes No

If yes, please state

Does your child have any special educational needs or disabilities? Yes No

If yes, please detail (Please provide copies of any reports you have)

Communication (please tick) Birthparent Father Mother Guardian

Declaration

We agree to accept the school's Standard Terms and Conditions. The non-returnable registration fee of £50 (day student) or £175.00 (boarding student) payable to Rossall School is enclosed. We certify that the above named student has not been dismissed or removed from any School or college on account of misconduct. We understand that registration does not constitute the offer of a place at the School.

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature

Date

Date

Please confirm which payment method you wish to use to pay this registration fee Credit Card Bank transfer Cheque attached

For credit card or bank transfer payments please fill in the attached payment details form at the back of this booklet.

Organisations submitting this form on behalf of the parents should complete the section below:

Name of Organisation

Contact Name

Position

We confirm that the information supplied is true, to the best of our knowledge and that we have explained the above requirements regarding notice of withdrawal, to the parents. Signed

Date

Registered Charity No. 526685 Authorised to sign on behalf of the above organisation

THIS FORM, TOGETHER WITH A PHOTOCOPY OF THE STUDENT'S PASSPORT AND THE REGISTRATION FEE, SHOULD BE RETURNED TO JULIE BARKHUIZEN, UK REGISTRAR, ROSSALL SCHOOL, FLEETWOOD, FY7 8JW, ENGLAND.

THIS FORM IS ALSO AVAILABLE FOR YOU TO COMPLETE ONLINE.

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