

REGISTRATION FORM

Registration is understood to be an expression of interest in Ratcliffe College. It does not commit a parent(s) to accepting a place, nor does it commit the School to the offer of one.

Admission to Ratcliffe College is subject to the current Admissions Policy and Parent Contract.

A non-refundable Registration Fee of £99 (UK) or £125 (Overseas) is payable.

Early registration is recommended. If there is a waiting list for entry to a particular age group, applications will be considered strictly according to the admissions criteria and the date order of registration for each child. On completion of this form, application will be made to your child's present school for a report at the appropriate time.

1. CHILD DETAILS

Child's Surname	<input type="text"/>
First Name(s)	<input type="text"/>
Preferred First Name	<input type="text"/>
Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Nationality	<input type="text"/>
Religion	<input type="text"/>
1st Language	<input type="text"/>
Sibling(s) currently at Ratcliffe?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. ENTRY DETAILS

Proposed Year of Entry eg. 2019	<input type="text"/>
Year Group required eg. Nursery, Year 1 etc.	<input type="text"/>
Type of Place:	
Weekly Boarding	<input type="checkbox"/>
Boarding	<input type="checkbox"/>
Day	<input type="checkbox"/>

3. PARENT(S) OR LEGAL GUARDIAN(S)

The Registrar should be notified of any change of address/ telephone number. Where the parents are separated, please indicate who the child lives with in a covering letter.

Mother's Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Home Tel	<input type="text"/>
Mobile	<input type="text"/>
Work Tel	<input type="text"/>
Email	<input type="text"/>
Father's Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Home Tel	<input type="text"/>
Mobile	<input type="text"/>
Work Tel	<input type="text"/>
Email	<input type="text"/>

3. Parent(s) or Legal Guardian(s) continued

With whom does your child live?

Mother Father

To which address should financial information be sent?

Mother Father

4. CURRENT SCHOOL

Please provide the name and full address of your child's present school. It is essential that you notify us if your child changes school.

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>
Name of Head	<input type="text"/>
School Tel	<input type="text"/>
School Email	<input type="text"/>
Type of School	<input type="text"/>

5. FURTHER INFORMATION

We may need to ask for further information if you answer YES to any of these questions.

Does your child have any learning difficulties?

Yes No

Parents are required to make the School aware of any learning difficulties before visiting the School and/or registering their child. Please send copies of any assessments regarding the difficulty in advance of a visit.

If yes, please provide brief details

6. HOW DID YOU HEAR ABOUT RATCLIFFE COLLEGE?

7. DECLARATION

We have read and understood and agree to the notes above and the additional information contained in the Admissions Policy. We request that the name of our above-named child be registered as a prospective pupil. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Headmaster, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

8. SIGNED

This Registration Form should be signed by both parents. If only one signature is provided then a letter should also accompany the form stating sole custody.

Mother's Signature

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Name in full

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Date

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Father's Signature

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Name in full

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Date

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9. REGISTRATION FEE PAYMENT

I/We enclose a cheque made payable to "Ratcliffe College" for £99 (UK) or £125 (Overseas).

I/We wish to pay by credit card (a transaction fee applies). Please phone us to arrange this.

I/We have paid by bank transfer.

10. BANK DETAILS

National Westminster Bank Plc, Market Pl,
Loughborough LE11 3NZ

Account Name RATCLIFFE COLLEGE
Account No 52707865
Sort Code 60-14-10
SWIFT Code NWBK GB 2L
IBAN No GB34 NWBK 6014 1052 7078 65

Please give your child's name as reference.

Please send the completed form and Registration Fee to:

The Registrar, Ratcliffe College, Fosse Way,
Ratcliffe on the Wreake, Leicester, LE7 4SG, UK