

Registration Form

Only one child per form



CHILD'S PERSONAL INFORMATION

Surname

First name

Preferred name

Middle name

Boy Girl

Date of birth

Religion

Nationality

Proposed year of entry

Year group at entry: *(please tick as appropriate)*

Year 7 (11+) Year 8 (12+)

Year 9 (13+)* Year 10 (14+)

Year 12 (16+)

*13+ candidates only. Will he or she be a Common Entrance candidate?

Yes No

Boarding place Day place

PARENT'S / GUARDIAN'S DETAILS

Every pupil whose parents are resident abroad must have a guardian in this county.
Please tick **Parent / Guardian** box to indicate to which address correspondence should be sent.

Parent / Guardian 1

Title Initials

First name

Surname

Relationship to child

Relationship to Parent / Guardian 2

Occupation

Address

County

Postcode Country

Day Tel

Eve Tel

Mobile Tel

Fax No

Email

Former pupil of the Royal Hospital School?
Yes No

Parent / Guardian 2

Title Initials

First name

Surname

Relationship to child

Relationship to Parent / Guardian 1

Occupation

Address

County

Postcode Country

Day Tel

Eve Tel

Mobile Tel

Fax No

Email

Former pupil of the Royal Hospital School?
Yes No

CHILD'S PRESENT SCHOOL

School Name

Type: Independent / Maintained *(delete as appropriate)*

Name of Head: Title Forename Surname

Address

Postcode Country

Telephone Number Fax Number

Email Address

May we contact him / her? Yes No

SIBLINGS

Does your child have any siblings currently in the school?

Yes No If yes, please give names, year and house.

Does your child have any siblings that are former pupils at the school?

Yes No If yes, please give names.

Do you have any other children for whom you may consider the Royal Hospital School in the future?

Name Name

DOB DOB

Year of entry Sex Year of entry Sex

ADDITIONAL INFORMATION

Does your child have any Special Educational Needs (SEN) or physical or learning difficulties?

Yes No If yes, please attach a confidential covering letter or educational psychologist's report.

Would your child require EFL (English as a Foreign Language) lessons? Yes No

If yes, please state child's first language

INTERESTS

Please give details of any extra-curricular interests your child has, including sports.

OTHER APPLICATIONS

Have you registered your child with any other school?

Yes

No

If so, where?

HOW DID YOU FIRST HEAR OF THE SCHOOL?

*Please tick box
or give details.*

Word of
mouth

Present
School

Open
Day

School
website

Banner

Education Agent

Exhibition

Schools' listing / Directory

Advertisement

Other website

Newspaper or Magazine

FEES

It is assumed that School accounts will be sent to the person signing the contract which is issued on acceptance of a place at the School. If this person is different from the correspondence address please state.

Please send all fee information to:

Parent / Guardian 1

Parent Guardian 2

Other *(see below)*

Title

First Name

Surname

Address

Post Code

Tel No

Fax No

Email

Are you eligible for MOD Continuity of Education Allowance (CEA)?

Yes

No

Name of claimant and service

Do you wish to apply for a Greenwich Hospital Seafarers Bursary?

Yes

No

(please see the General Information Book for conditions of eligibility)

If yes, you will be sent a Bursary Application Pack.

DECLARATION

This form should be returned to the Admissions Officer, The Royal Hospital School, Ipswich, IP9 2RX, together with the non-refundable Registration Fee of £75 and a copy of your child's Birth Certificate. Places are conditional upon passing the Entrance Examination, interview at the school and receipt of a satisfactory report from the Head of the child's present school. Fees are payable each term in advance, and a term's notice in writing must be given before a pupil is withdrawn from the school.

I / We request that the above named child be registered as a prospective pupil. We understand this registration form does not give rise to a commitment by the school or the parents and that the offer of a place is subject to availability and the entry requirements of the School at the time of offer.

I enclose a cheque for £75 (payable to 'Royal Hospital School')

or agree to make a transfer payment to the Royal Hospital School

Bank Name: HSBC Bank plc
Account Sort Code: 40-07-13
Account Number: 71599682
IBAN: GB40MIDL40071371599682
SWIFT Code: MIDGBL22

Please ensure that your **child's name** is quoted as a reference.

First Signature

Second Signature

Name in Full

Name in Full

Relationship to Child

Relationship to Child

Date

Date

The Royal Hospital School, Holbrook, Ipswich, Suffolk. IP9 2RX
Tel: 01473 326 200 Fax: 01473 326 213 Email: admissions@royalhospitalschool.org

The Royal Hospital School is registered as a Data User under the Data Protection Act 1984 and our use of personal information is notified to the Information Commissioner as we are required to do under the Data Protection Act 1998. The Royal Hospital School has no separate legal identity from that of Greenwich Hospital and therefore, for the purposes of the Data Protection Act, is synonymous with the Hospital. The information which you provide to the Royal Hospital School on this Application Form will be used for processing your application, determining eligibility for a Greenwich Hospital bursary, and for statistical purposes. Any information which you provide to the Royal Hospital School may be disclosed on a confidential basis to departments or individuals of Greenwich Hospital by the Royal Hospital School but will be done so in keeping with the Royal Hospital School's obligations under the Data Protection legislation when necessary. The School will ensure that all personal information is held securely and is not accessible to unauthorised persons.