

SEDBERGH SCHOOL REGISTRATION FORM



DETAILS OF YOUR CHILD			
Surname of your child			
First names (underline preferred name)			
Nationality:		Religion:	
Date of Birth:		Gender:	
Passport Held	Nationality on passport:		
TYPE OF PLACE / PROPOSED FORM OF ENTRY			
<input type="checkbox"/> Reception	<input type="checkbox"/> Yr. 1 (5+)	<input type="checkbox"/> Yr. 2 (6+)	<input type="checkbox"/> Yr. 3 (7+)
<input type="checkbox"/> Yr. 4 (8+)	<input type="checkbox"/> Yr. 5 (9+)	<input type="checkbox"/> Yr. 6 (10+)	<input type="checkbox"/> Yr. 7 (11+)
<input type="checkbox"/> Yr. 8 (12+)	<input type="checkbox"/> Yr. 9 (13+)	<input type="checkbox"/> Yr. 10 (14+)	<input type="checkbox"/> Yr. 11 (15+)
<input type="checkbox"/> Yr. 12 (16+)	<input type="checkbox"/> Yr. 13 (17+)		
BOARDING STATUS (Note: Y9 to Y13 is Day or Full Boarding Only)			
<input type="checkbox"/> Full Boarding	<input type="checkbox"/> Weekly (to Yr. 8 Only)	<input type="checkbox"/> Flexi <input type="checkbox"/> Tri (to Yr.8 only)	<input type="checkbox"/> Day
PROPOSED TERM AND YEAR OF ENTRY			
Academic Year (e.g. September 2018):			
<input type="checkbox"/> Michaelmas (September)	<input type="checkbox"/> Lent (January)	<input type="checkbox"/> Summer (April)	
Have you Registered your child's name at any other school(s) and if so, which?			
Please state the name and address of the present school (with dates of attendance)			
Name and address of current school			
Dates of attendance			
Name of Head			
Are there any other siblings who may come to Sedbergh in the future (Name/s and date/s of birth):			
BURSARIES AND SCHOLARSHIPS			
<p>1. The commitment to covering school fees for a number of years can be onerous for some families however, the School is able to offer limited support through a means tested Bursary. If you wish to be considered for this then please tick the box in this section and an application form will be emailed to you. Please note that funds are limited. <input type="checkbox"/></p> <p>2. Sedbergh School run a number of talent-based scholarship programmes and should you wish your child to be entered for assessment please tick the box and details of the process will be emailed to you. Please note that a scholarship award may not always result in a fee concession. <input type="checkbox"/></p>			

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PARENT / GUARDIAN DETAILS	FATHER / LEGAL GUARDIAN		MOTHER / LEGAL GUARDIAN	
Title (e.g. Mr, Mrs, Dr)				
Full name				
Mobile				
Day telephone no.				
Evening no.				
E-mail address				
Postal Address (including postcode)				
Occupation				
Employer's business type, name and address				
MARITAL STATUS	<input type="checkbox"/> Married	<input type="checkbox"/> Partners	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
If parents have different addresses – please indicate child's primary residence:	<input type="checkbox"/> with father		<input type="checkbox"/> with mother	
OTHER PEOPLE WITH PARENTAL RESPONSIBILITY				
Please provide the name(s) and current address/es of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the School will be required if an offer of a place is made.				
Title				
Full name				
Postal Address (including postcode)				
Email Address				
Telephone number				
Relationship to child				

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CONNECTION/S WITH THE SCHOOL

Please advise of any other members of your family who have or are attending the School, who are registered for entry, or who have any other connection with the School.

Please indicate how you first heard of Sedbergh School

<input type="checkbox"/> Local reputation	<input type="checkbox"/> Present School Head Teacher	<input type="checkbox"/> Friends	<input type="checkbox"/> Advertisement (Please give details)
<input type="checkbox"/> Website	<input type="checkbox"/> Email	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other (please give details)

Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)

Please give an outline of your child's other hobbies or interests (if applicable)

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child; whether your child speaks English as an additional language: as well as any behavioural, emotional and / or social difficulty of your child, using the attached Confidential Information form (if applicable)

Please confirm whether your child will require sponsorship from the School in order to obtain a VISA to study in the United Kingdom at this School (if applicable)

Yes

No

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NOTES

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time offers are made.

The School's **Terms and Conditions** can be found at <http://www.sedberghschool.org/senior/Information/School-Policies-ISI-Reports> and our **Privacy Notices**, that sets out how we process your data, can be found at <http://www.sedberghschool.org/senior/Privacy-Policies> or a copy will be supplied on request.

DECLARATION

I / We request that our child named above be registered as a prospective pupil.

I / We understand that the School (through the Headmaster, as the person responsible) may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the School may also obtain process and hold personal information about our child, which may include 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.

I /we confirm payment of the £125.00 Registration Fee by: Bank Transfer / Cheque Enclosed

The Registration Fee can be paid by Bank Transfer to Sedbergh School:

Please use your child's full name as the reference for any payment made unless otherwise advised.

Barclays Bank
Account No: 50300640
Sort Code: 20-47-18
Swift Code: BARCGB22
IBAN No: GB63 BARC 2047 1850 3006 40

SIGNATURES OF PARENTS / LEGAL GUARDIANS

	First parent / legal guardian	Second parent / legal guardian
Signature		
Name in full (please include all names)		
Date of birth		
Relationship to child		
Date		

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Confidential Information

All information received in this form will be treated in confidence.

Child's full name	
Name of parent / legal guardian (1)	
Name of parent / legal guardian (2)	

Under the School's Disability Policy, and Special Educational Needs and Learning Difficulties Policy, you here have the opportunity to disclose:

- any medical condition, health problem or allergy affecting your child
- any learning difficulty, disability, or special educational need (including exam access arrangements) of him/her, as well as any behavioural, emotional and/or social difficulty of him/her

This will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure, or when he / she enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

When completed this form, together with the Registration Fee, should be returned to:

Sedbergh Preparatory School Reception to Yr. 8 (Form 2)	Sedbergh Senior School Yr. 9 (Form 3) to Yr. 13 (6th Form)
The Registrar Sedbergh Preparatory School Casterton Cumbria LA6 2SG 01524 279 200 admissions@sedberghprep.org	The Registrar Sedbergh School Sedbergh Cumbria LA10 5HG 01539 620 535 admissions@sedberghschool.org

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Ethnicity Form

Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our skin colour, language, culture, ancestry, or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are requested to support and or advise children aged between 11 and 15 years of age in making this decision; pupils aged 16 or over can make this decision themselves.

Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration form attached to this form. Please also tick whether a parent or the child filled in the form.

Name of child		
White		
<input type="checkbox"/> British - English, Scottish or Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other white background
Black or Black British		
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Any other Black background
Chinese or other ethnic group		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group (please give details)	
Mixed Race		
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other mixed background		
Asian or Asian British		
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background		
This information was provided by		
<input type="checkbox"/> Parent []	<input type="checkbox"/> Child []	

Please return this form to the School with your completed Registration form (Any information you provide will be used solely to compile statistics on diversity within the School. These statistics will not allow individual children to be identified).