



SEDBERGH SCHOOL REGISTRATION FORM

DETAILS OF YOUR CHILD			
Please return the form together with a copy of your child's passport ID page.			
Surname of your child			
First names (underline preferred name)			
Nationality:		Religion:	
Date of Birth:		Gender:	
Passport	Nationality on passport:		
First Language:			
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 or <input type="checkbox"/> Tri (to Yr.8 only)	<input type="checkbox"/> Day
PROPOSED ACADEMIC YEAR AND TERM OF ENTRY			
Academic Year (e.g. September 2024):			
<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 & email address of Head Teacher:			
BURSARIES AND SCHOLARSHIPS			
<p>1. The commitment to covering school fees for several 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 circle YES in this section, and an application form will be emailed to you. Please note that funds are limited. YES / NO</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 circle YES and details of the process will be emailed to you. Please note that a scholarship award may not always result in a fee concession. YES / NO</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"/> Widowed	<input type="checkbox"/> Separated
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)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are there any other siblings who may come to Sedbergh in the future (Name/s and date/s of birth):

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>.



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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 £200.00 Registration Fee by Bank Transfer ☐ / Cheque Enclosed. ☐

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

Please reference your child's full name 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		

By signing this form, each parent or legal guardian confirms that all the information offered is true and accurate at the time of signing and each parent or legal guardian agrees and consents to any stated or related terms or conditions. The form must be signed by each parent or legal guardian. If there is sole custody of the child(ren), then supporting evidence which confirms legal custody or sole responsibility for the child is required. Should you have any queries relating to this, please contact the Bursar (Compliance) tr@sedberghschool.org.

We may process your personal information for carefully considered and specific purposes which are in our legitimate interests and enable us to enhance the services or information we provide. We will always keep your details safe and secure. 'We' includes Sedbergh School, the charity, and all trading subsidiaries.

Our Privacy Notices can be found on our website (<http://www.sedberghschool.org/senior/Privacy-Policies>) or by request from The Bursar (Compliance), Sedbergh school, Malim Lodge, Sedbergh LA10 5RY. (tr@sedberghschool.org) If you have any concerns about the data we hold or do not wish to receive any further communications from us, please contact The Bursar (Compliance).



SEDBERGH SCHOOL REGISTRATION FORM

CONFIDENTIAL INFORMATION FORM

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

Under the School's Disability Policy and Special Educational Needs and Learning Difficulties Policy, you must disclose:

- any medical condition, health problem or allergy affecting your child and/or
- any learning difficulty (eg dyslexia), disability (eg ADHD), or special educational need (eg extra time, reader, scribe) of him/her, as well as any behavioural, emotional and/or social difficulty of him/her.

This will enable the School to consider any reasonable 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, educational psychologist or other assessments, etc.

Child's full name	
Name of parent / legal guardian (1)	
Name of parent / legal guardian (2)	
Confidential Information (continue on separate sheet if required)	

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 (6 th Form)
<p>The Registrar Sedbergh Preparatory School Casterton Cumbria LA6 2SG 01524 279 200 admissions@sedberghprep.org</p>	<p>The Registrar Sedbergh School Sedbergh Cumbria LA10 5HG 01539 620 535 admissions@sedberghschool.org</p>



SEDBERGH SCHOOL REGISTRATION FORM

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 can 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).