

COLSTON'S

INDEPENDENT CO-EDUCATION
FROM NURSERY TO SIXTH FORM

REGISTRATION FORM

1. PUPIL DETAILS

Please complete in capitals

Surname
Forenames Please underline first name generally used
Date of Birth Gender
Nationality Religion
Please state pupil's first language Please state which other languages the pupil speaks

Lower School	R	1	2	3	4	5	6	Please circle the year group you wish your son / daughter to join and give the proposed date of entry, e.g. September 2020.
Upper School	7	8	9	10	Sixth Form			

APPLICATION FOR SCHOLARSHIPS / AWARDS - UPPER SCHOOL ONLY

We will be applying for... Please tick where applicable. Sport Music Art Drama Bursary

(All candidates are considered for an academic scholarship, for details of other awards please see the information booklet.)

Further details will be sent to you if you indicate that you would like your child to be considered for a bursary or co-curricular scholarship. Applications must be received by the dates given in our **Entry Information Booklet**. There will be a £50 administration charge for a bursary assessment.

2. EDUCATION TO DATE

Present School (or nursery) Address Previous School (or nursery) if present school attended for less than one year	Date entered Postcode Date entered Telephone	Date leaving Telephone Date left Telephone
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3. PARENT / LEGAL GUARDIAN DETAILS

Father Title
Full name
Address
Postcode
Email
Tel home
work
mobile
Occupation

Mother Title
Full name
Address
Postcode
Email
Tel home
work
mobile
Occupation

Where parents have different addresses please indicate where the child normally lives Mother Father

Are parents jointly financially responsible for the child's education? Yes No
If 'No' please supply details separately in confidence

4.

OTHER PEOPLE WITH PARENTAL RESPONSIBILITY

Please provide the name(s) and current address(es) of any other person with parental responsibility (ie 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

Address

.....

Postcode

Email

Tel home

work

mobile

Occupation

Relationship to Child

Title

Full name

Address

.....

Postcode

Email

Tel home

work

mobile

Occupation

Relationship to Child

5.

ADDITIONAL INFORMATION

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, as well as any behavioural, emotional and / or social difficulty of your child. Please indicate below or on the Confidential Information Form which is available on request (if applicable.)

N/A Enclosed

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Are there any special arrangements that need to be made for your child to visit the school or to sit the entrance exam? (if yes, please indicate below) Yes No

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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

If your child has or will have a time restricted or temporary visa in any other immigration category (for example, as a dependent) please provide a copy of this when returning this form. Please note that we will be unable to process your registration until such copy documentation is provided.

Please note that we reserve the right to:

- Request further information and sight of documentation in support of your declarations regarding immigration; and
- To share information with UK Visas and Immigration (UKVI) and the Home Office for the purposes of compliance with our responsibilities as a licensed sponsor.

By completing this registration form you hereby consent to our notifying and / or supplying information relating to your (ie the parents) and / or your child's right to enter, reside and / or study in the United Kingdom to UKVI and the Home Office (and to do so whether we sponsor your child or not.)

6.

FURTHER INFORMATION

Did either parent attend Colston's?
.....

Do any siblings currently attend Colston's?
.....

Is there a family connection to a particular House, please indicate which one?
.....

Have you visited Colston's? Yes No

Have you registered at any other Schools? Yes No

If yes, which ones?
.....
.....

How did you hear about Colston's? (Tick all that apply)

Online (please specify)

Advert

Website

Social Media

Word of mouth

Present School

Radio

Primary School event at Colston's eg Cross Country or Hockey Festival

Other (please specify)
.....

7.

HOBBIES, INTERESTS, SKILLS

Colston's offers an holistic approach to education and is supportive of pupils' talents both inside and outside of the classroom. Please outline any hobbies, interests or skills that your child has.
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.....
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.....

8.

REGISTRATION FEE

We enclose a cheque made payable to Colston's for the non-refundable Registration Fee of £50 (if not already at the school).

We wish to apply for a Bursary and enclose the Bursary application fee of £50 in addition to the Registration Fee

Payment can also be made by bank transfer using the following bank details: Account number 52179539 sort code 40-14-13

Please use your child's name as a reference Please tick if you are paying by bank transfer

Please note your application will not be progressed by our Admissions Team until payment has been received in full.

9.

HOW WE WILL USE THE INFORMATION PROVIDED IN THIS FORM

This information will be used by the school during the admissions process.

For example:

We may contact your child's current or previous school to ask for a reference;

We may contact other people with parental responsibility to check that they consent to your child joining the school;

Information about special educational needs and medical conditions will be used to ensure that we have made any reasonable adjustments for your child when they visit the school or during any entrance assessments; and

We may share your information with credit reference agencies.

We may also need to share information with UKVI as explained in section 4 and external consultants (if applying for a bursary).

If your child is not offered a place, or if you do not accept the offer of a place, we will only retain this information for as long as we need to. Unless there are exceptional circumstances, information is kept for a year after the end of the admissions process.

If your child joins the school we will use the information on this form in accordance with our privacy notice for pupils and our privacy notice for parents. Both of these documents will be provided to you before your child enters the school and are published on the school's website.

10. DECLARATION

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

Each parent / legal guardian to sign and print name.

Signature
.....
Name in full
.....
Relationship to child
.....
Date
.....

Signature
.....
Name in full
.....
Relationship to child
.....
Date
.....

Please return this form to:

The Admissions Department, Colston's School, Bell Hill, Stapleton, Bristol, BS16 1BJ. Tel: 0117 965 5207 or by email: admissions@colstons.org

11. OFFICE USE ONLY

<input type="checkbox"/> Registration Form received	Date:
<input type="checkbox"/> Registration Fee received	Date:
<input type="checkbox"/> Bursary assessment fee received	Date:
<input type="checkbox"/> Entered on to database	Date:
<input type="checkbox"/> Acknowledgment sent	Date:
<input type="checkbox"/> Scholarship information sent	Date:
<input type="checkbox"/> Bursary information sent	Date: