



Dover College Registration Form

To be completed by the Parents/Guardians wishing to register their child for admission to Dover College.

Please complete in **BLOCK CAPITALS**.

Return to the Registrar at the address shown, together with a non-refundable registration fee of £100.

Pupil Details (*BLOCK CAPITALS*)

Surname: (As shown on passport) _____

Forenames: (As shown on passport) _____

Date of Birth (dd/mm/yy): _____

Known As: _____

Gender: Male / Female

Place of Birth: _____

Nationality: _____

Religious Denomination: _____

First Language: _____

Passport Number: _____

Proposed date of Entry: (*e.g. Sept 2016*) _____

Proposed year of Entry: (*e.g. Year 7*) _____

Ethnic Group: _____

Proposed Term of Entry (*please tick the relevant boxes*)

Michaelmas (September)

Lent (January)

Summer (April)

Proposed Type of Entry - Boarding is only available to Senior School pupils (Year 7 to Year 13)

Day Pupil

Full Boarding Place

Weekly Boarding Pupil*

* Limited places available, priority is given to pupils living within a 90 minute journey time from the School

Scholarship Application (*please complete and return the appropriate application form with this registration*)

Academic (11+, 13+, 16+ Entry)

Music (11+, 13+, 16+ Entry)

Means-Tested Bursary

Sport (11+, 13+, 16+ Entry)

Art (11+, 13+, 16+ Entry)

Bursary information is available upon request

Design Technology (11+, 13+, 16+ Entry)

Drama (11+, 13+, 16+ Entry)

Pupil Home Address: (BLOCK CAPITALS)

Postcode:

Previous Record (BLOCK CAPITALS)

Present School:	Headteacher (name and title):
Address:	Telephone:
Postcode:	Fax:
	Email:
Date joined present school:	Website:

Father's Full Name, Title & Address: (BLOCK CAPITALS) Residential Correspondence

Surname:	First Name:
Mr	
Address:	Telephone (Work):
	Telephone (Home):
Postcode:	Mobile:
Occupation:	Email:
Nationality:	Marital Status:

Mother's Full Name, Title & Address: (BLOCK CAPITALS) Residential Correspondence

Surname:	First Name:
Mrs / Ms / Miss	
Address:	Telephone (Work):
	Telephone (Home):
Postcode:	Mobile:
Occupation:	Email:
Nationality:	Marital Status:

Do both parents have parental responsibility for the child? <i>(if No, please give details in a covering letter)</i>	Yes / No
Do both parents agree that the child should be registered? <i>(if No, please give details in a covering letter)</i>	Yes / No
Is there anyone else whose consent to the child being registered is required? <i>(if Yes, please give details in a covering letter)</i>	Yes / No
Sports, Extra-curricular activities and Achievements: <i>(School teams, etc. school prizes, hobbies and positions of responsibility held)</i>	
General Health: <i>(Are there any known medical conditions, health problems, allergy or disabilities the College should be aware of?) (Please supply any supporting documentation with your Application – if applicable)</i>	Yes / No
Does your child have any curriculum support/special educational needs or would benefit from support? <i>(Please supply any supporting documentation with your Application – if applicable)</i>	Yes / No
Please mention here the names of other members of the family attending Dover College or registered for entry; or any other connection with the school e.g. <i>Old Dovorian</i>	
Why have you chosen Dover College?	
How did you find out about Dover College?	

Notes

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

Declaration

We request that the above named child be registered as a prospective pupil at Dover College. A cheque for the non-refundable fee of £100* is enclosed. We understand that the standard terms and conditions for the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We also understand that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including references from the current school and 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.

**Payment can be made to the School (Dover College) in either sterling bank cheques, or by direct bank transfer. Bank details can be obtained from the School.*

Signature of Father: _____ **Date:** _____

Signature of Mother: _____ **Date:** _____



DOVER
COLLEGE

Registration Form Checklist

- Completed Registration Form(s)
- Registration Fee of £100 (Non-Refundable)
(Cheques made payable to Dover College)
- Last two School Report(s)**
(if applicable)
- Photocopy of the personal details and photograph page from the child's passport/or, if no passport is available, a photocopy of your child's Birth Certificate
- A passport photo of the child

If Applicable:

- A Covering Letter
- Completed Scholarship Application Form(s)
- Supporting Documentation

*** Not Applicable for Early Years and Reception Entry.*