



DOVER COLLEGE INTERNATIONAL REGISTRATION FORM

To be completed by the Parents/Guardians/Agents wishing to register a 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:	Known As:
Male or 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) <input type="checkbox"/> Michaelmas (September) <input type="checkbox"/> Lent (January) <input type="checkbox"/> Summer (April)	
Proposed Type of Entry - Boarding is only available to senior school pupils (Year 7 to Year 13) <input type="checkbox"/> Day Pupil <input type="checkbox"/> Full Boarding Place <input type="checkbox"/> Weekly Boarding Pupil*	
<i>* Limited places available, priority is given to pupils living within a 90 minute journey time from the School</i>	
Pupil Home Address (BLOCK CAPITALS)	
 Postcode:	
Previous Record (BLOCK CAPITALS)	
Present School:	Headteacher (name and title):
Address:	Telephone:
	Fax:
Postcode:	Email:
Date joined present school:	Website:
Agency Details (BLOCK CAPITALS) (if applicable) <input type="checkbox"/> Correspondence	
Agency Name:	Contact:
Tel:	Email:

Father's Full Name, Title & Address: (BLOCK CAPITALS) <input type="checkbox"/> Residential <input type="checkbox"/> Correspondence	
Surname: Mr	First Name:
Address: Postcode:	Telephone (Work):
	Telephone (Home):
	Mobile:
Occupation:	Email:
Nationality:	Marital Status:
Mother's Full Name, Title & Address: (BLOCK CAPITALS) <input type="checkbox"/> Residential <input type="checkbox"/> Correspondence	
Surname: Mrs / Ms / Miss	First Name:
Address: Postcode:	Telephone (Work):
	Telephone (Home):
	Mobile:
Occupation:	Email:
Nationality:	Marital Status:
Do both parents have parental responsibility for the child? (if No, please give details in a covering letter)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do both parents agree that the child should be registered? (if No, please give details in a covering letter)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anyone else whose consent to the child being registered is required? (if Yes, please give details in a covering letter)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sports, Extra-curricular activities and Achievements: (School teams, etc. school prizes, hobbies and positions of responsibility held)	

General Health: (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)

Does your child have any curriculum support/special educational needs or would benefit from support? (Please supply any supporting documentation with your Application – if applicable)

Please mention here the names of other members of the family or friends attending Dover College or registered for entry; or any other connection with the school

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:

Please return to: The Registrar, Dover College, Effingham Crescent, Dover, Kent, England CT17 9RH

Tel: +44 (0) 1304 244522 Fax: +44 (0) 1304 242854 Email: admissions@dovercollege.org.uk Web: www.dovercollege.org.uk

Dover College – International Registration Form Checklist:

- Completed Registration Form(s)
- Registration Fee of £100 (Non-Refundable)
(Cheques made payable to Dover College)
- Pupil School Report(s) covering the last two academic years
- Photocopy of the personal details and photograph page from the child's passport
- Personal handwritten essay in English
- A recent passport photo of the child
- Interview (where possible) via Skype

If Applicable:

- A Covering Letter
- Supporting Documentation