



MALVERN

COLLEGE

Registration Form

Please complete and return to the Registrar

Please complete this form in BLOCK CAPITALS.

Please take great care to enter the child's names as they appear on the birth certificate or passport.

CHILD'S DETAILS

Child's surname (family name):

Forename:

Middle name(s):

Forename by which your child would like to be known informally:

Date of Birth:

Nationality:

Religion:

Year of Entry:

Type of Place: *Please tick* Boarding

Day

Male

Female

Foundation Year

Remove

Pre-Sixth Form

Lower Sixth

Year 9 (13+)

Year 10 (14+)

One year course, 15+

Year 12 (16+)

Preferred choice of House

First choice:

Second choice:

We will endeavour to meet your preference if possible, but regret this cannot be guaranteed.

First Language:

PARENTS' DETAILS

Title: Father's surname:

Title: Mother's surname:

Father's forename(s):

Mother's forename(s):

Address:

Address (if different):

Postcode:

Postcode:

Occupation:

Occupation:

Telephone – Day:

Telephone – Day:

Telephone – Evening:

Telephone – Evening:

Telephone – Mobile:

Telephone – Mobile:

Email address:

Email address:

Is this your child's main residence? Yes

No

Is this your child's main residence? Yes

No

If the parents are separated, please indicate to whom correspondence should be sent: Father Mother

Is a Court Order in place? Yes No

GENERAL DETAILS

Have you registered your child's name at any other school(s) and if so, which?

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

Please state the name and address of the present school:

<input type="text"/>	Postcode:	<input type="text"/>
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Name of Principal:

Entry Date:

<input type="text"/>	<input type="text"/>
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Please outline any of your child's significant achievements (*e.g. representative sport, musical grades etc*):

Please give an outline of your child's other hobbies or interests, if not mentioned above:

Please provide written details of any medical condition (including allergies), learning difficulty or disability of your child of which we should be made aware (*if applicable*):

UK EMERGENCY CONTACT/GUARDIAN (*should you be unavailable or live abroad*)

Name:

Telephone Number:

Relationship to Child:

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 College at the time offers are made. A copy of the current edition of the standard Terms and Conditions will be supplied on request.

The Registration Fee is £200 and cheques should be drawn on a British bank, made payable to Malvern College and crossed. Alternatively, you might like to take advantage of the International Banking System, which is the most cost-effective method for you to transfer money.

Our bank is:

Lloyds, 48 Belle Vue Terrace, Malvern, Worcestershire WR14 4QG

Swift Number: LOYDGB2L

Account Number: 00005122

Sort Code: 30-95-41

IBAN No: GB98LOYD30954100005122

DECLARATION

We request that our above-named child be registered as a prospective pupil. A cheque or details of the bank transfer for the non-returnable registration fee is enclosed. We understand that the standard terms and conditions of the College will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the College. We understand also that the College (through the Headmaster, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is offered, in order to safeguard and promote the welfare of the child.

First Signature:

Full Name:

Relationship to Child:

Date:

Second Signature:

Full Name:

Relationship to Child:

Date:



MALVERN
COLLEGE

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