

Day Student Registration Form



Rossall

1 **Student's family name:**

(As stated on passport)

Boy:

Girl:

First or given name(s):

(Please underline the name generally used)

English name (if applicable):

2 **Date of birth:**

Day:

Month:

Year:

3 **Place of birth:**

Nationality:

Religion:

4 **Student's first language:**

If English is not first language, how many years has the student spent learning English?

5 **Language of instruction at present school:**

6 **Name and address of present school:**

Please attach
passport sized
photo here

Date of entry to school:

Name of Head:

Please tick which course you are applying for and specify the year and intended date of entry.

	Course	Year	Term		
			SEPTEMBER	JANUARY	APRIL
Nursery School	Age 2 - 3	20__			
Infants School	Age 4 - 6	20__			
Junior School	Age 7 - 10	20__			
Middle School	Age 11 - 12	20__			
ISC	One Year IGCSE Course	20__			
	One Term English & Academic Preparation Course	20__			
	Two Term English & Academic Preparation Course	20__			
Senior School	Age 13 - 16 (GCSE Course)	20__			
Sixth Form	Two Year A-Level Course	20__		n/a	n/a
	Five Term A-Level Course	20__	n/a		n/a
	Two Year I.B. Diploma Course	20__		n/a	n/a

8 **Student's Father**

Father's title & full name:

Address:

Tel: (Home)

(Business)

Fax: (Home)

(Business)

Email:

Occupation:

Natural Father:

Yes:

No:

If No, please indicate:

Adoptive Father:

Stepfather:

9 **Student's Mother**

Mother's title & full name:

Address:

Tel: (Home)

(Business)

Fax: (Home)

(Business)

Email:

Occupation:

Natural Mother:

Yes:

No:

If No, please indicate:

Adoptive Mother:

Stepmother:

Does the student live with: Mother: Father:

10 Please detail the names of any brothers or sisters attending Rossall or registered for entry, or any other connection with Rossall.

11 Have you registered, or has your agent registered you, with any other School or College in the UK?

Yes: No:

12 Please outline below any particular artistic, dramatic, musical, sporting skills and experience and any hobbies or interests that you have.

13 Why do you want to come to Rossall?

14 What are your reasons for leaving your current school?

15 Please indicate how you first heard of Rossall?

Reputation: Present School: Friends: Existing Parents:

Word of Mouth: Website: Advertisement: Agent: Rossall Summer School:

Other (please give details):

Declaration

We agree to accept the school's Standard Terms and Conditions. The non-returnable registration fee of £50.00 payable to Rossall School is enclosed. We certify that the above named student has not been dismissed or removed from any School or college on account of misconduct. We understand that registration does not constitute the offer of a place at the School.

Father's Signature:

Mother's Signature:

Name in Full:

Name in Full:

Date:

Date:

If you wish to pay this registration fee using Visa, Mastercard, American Express or Debit card, please complete the following:

Name on Credit Card:

Signature:

Card No:

Expiry Date:

Issue No. (Switch or Maestro only):

Security No:

THIS FORM, TOGETHER WITH A PHOTOCOPY OF THE STUDENT'S PASSPORT AND THE REGISTRATION FEE,
SHOULD BE RETURNED TO
THE REGISTRAR, ROSSALL SCHOOL, FLEETWOOD, FY7 8JW, ENGLAND
Tel: +44 (0)1253 774260 Fax: +44 (0)1253 779415 Email: enquiries@rossall.org.uk

Organisations submitting this form on behalf of the parents should complete the section below:

Name of Organisation:

Contact Name:

Position:

We confirm that the information supplied is true, to the best of our knowledge and that we have explained the above requirements regarding notice of withdrawal, to the parents.

Signed: