



# Registration Form

Please complete one form for each child you would like to register.

## 1. CHILD'S PERSONAL INFORMATION

Surname <input type="text"/>	Year group at entry: <i>(please tick as appropriate)</i>
First name <input type="text"/>	Year 7 (11+) <input type="checkbox"/> Year 8 (12+) <input type="checkbox"/>
Preferred name <input type="text"/>	Year 9 (13+)* <input type="checkbox"/> Year 10 (14+) <input type="checkbox"/>
Middle name <input type="text"/>	Year 12 (16+) <input type="checkbox"/>
Boy <input type="checkbox"/> Girl <input type="checkbox"/>	*13+ candidates only. Will he or she be a Common Entrance candidate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth <input type="text"/>	Boarding <input type="checkbox"/> Day <input type="checkbox"/> Day Boarding <input type="checkbox"/>
Religion <input type="text"/>	
Nationality <input type="text"/>	
Proposed year of entry <input type="text"/>	
Term of Entry Michaelmas <input type="checkbox"/> Lent <input type="checkbox"/> Summer <input type="checkbox"/>	

## 2. PARENT/GUARDIAN DETAILS

### Father

Please tick all that apply

Fee Payer <input type="checkbox"/>	Parental Responsibility <input type="checkbox"/>	Address for Correspondence <input type="checkbox"/>
Title <input type="text"/>	First name <input type="text"/>	Surname <input type="text"/>
Address <input type="text"/>		
<input type="text"/>		
Postcode <input type="text"/>	County <input type="text"/>	Country <input type="text"/>
Tel (Day) <input type="text"/>	Tel (Eve) <input type="text"/>	Mobile <input type="text"/>
Fax No <input type="text"/>	Email <input type="text"/>	
Occupation <input type="text"/>	Former pupil of the Royal Hospital School? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Mother

Please tick all that apply

Fee Payer <input type="checkbox"/>	Parental Responsibility <input type="checkbox"/>	Address for Correspondence <input type="checkbox"/>
Title <input type="text"/>	First name <input type="text"/>	Surname <input type="text"/>
Address <input type="text"/>		
<input type="text"/>		
Postcode <input type="text"/>	County <input type="text"/>	Country <input type="text"/>
Tel (Day) <input type="text"/>	Tel (Eve) <input type="text"/>	Mobile <input type="text"/>
Fax No <input type="text"/>	Email <input type="text"/>	
Occupation <input type="text"/>	Former pupil of the Royal Hospital School? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Other Contact

Please state relationship to child

Please tick all that apply

Fee Payer  Parental Responsibility  Address for Correspondence

Title  First name  Surname

Address

Postcode  County  Country

Tel (Day)  Tel (Eve)  Mobile

Fax No  Email

## 3. CHILD'S PRESENT SCHOOL

School Name

Type: Independent  Maintained  Other (please state)

Name of Head: Title  Forename  Surname

Address

Postcode  Country

Telephone Number  Fax Number

Email Address

May we contact the school to request a report or reference in the Michaelmas Term prior to year of entry?

Yes  No

## 4. SIBLINGS

Does your child have any siblings currently in the school?

No  Yes  If yes, please give names, years and houses.

*If you have three or more children in the School at the same time, you may be eligible for a 10% discount on the third and subsequent child's fees.*

Does your child have any siblings who are former pupils at the school?

No  Yes  If yes, please give names, years of leaving and houses.

Do you have any other children for whom you may consider the Royal Hospital School in the future?

Name  Name

DOB  DOB

Year of entry  Sex  Year of entry  Sex

## 5. ADDITIONAL SUPPORT REQUIREMENTS

### Curriculum Support

Does your child have any learning or curriculum support requirements? If yes, please attach any supporting information. Yes

### English as a Foreign Language

Pupils for whom English is not their first language are required to have additional EFL (English as a Foreign Language) lessons. There is an additional charge for these based on the number of lessons required per week.

Please tick here if your child's first language is **NOT** English  and please state his or her first language.

## 6. EXPERIENCE AND INTERESTS

Please give details of any extra-curricular interests your child has e.g. music, art, drama, sport. Please also give brief details of any qualifications or grades received and/or membership of any groups or teams.

  
  
  

## 7. SCHOLARSHIPS, DISCOUNTS AND BURSARIES

### Scholarship Awards

If you are interested in applying for any of the following scholarship awards for your child, please indicate by ticking the relevant box below.

Academic  Music  Sports  Sailing  Art

## 8. SERVICES FAMILIES

Please indicate if you are eligible for MOD Continuity of Education Allowance (CEA) Yes  No

Name of Claimant

Relationship to child

Armed Service

## 9. SEAFARERS BURSARIES AND DISCOUNTS

If your child has a parent or grandparent with a seafaring background as outlined in the conditions of eligibility in the General Information Book, you may be eligible for a means-tested bursary or discount through Greenwich Hospital.

Please state which you would like to apply for:

Means -tested Seafarers Bursary  15% Seafarers Discount (not means-tested)

*For more information, please contact Greenwich Hospital on 020 7396 0150*

## 10. MEDICAL HISTORY

Please provide us with details of any medical conditions (including allergies), disabilities or other health issues your child may have. Please use a continuation sheet if required and attach it to this form.


## 11. DECLARATION

I / We request that the above named child be registered as a prospective pupil. I / We understand this registration form does not give rise to a commitment by the school or the parents and that the offer of a place is subject to availability, entry requirements of the School as well as the Terms and Conditions.

I enclose a cheque for £75 (payable to 'Royal Hospital School')

or agree to make a transfer payment to the Royal Hospital School

**Bank Name:** HSBC Bank plc  
**Account Sort Code:** 40-07-13  
**Account Number:** 71599682  
**IBAN:** GB40MIDL40071371599682  
**SWIFT Code:** MIDLGB22

Please ensure that your **child's name** is quoted as a reference.

First Signature

Second Signature

Name in Full

Name in Full

Relationship to Child

Relationship to Child

Date

Date

This form should be returned to the Admissions Officer, The Royal Hospital School, Ipswich, IP9 2RX, together with the non-refundable Registration Fee of £75 and a copy of your child's passport.

**The Royal Hospital School, Holbrook, Ipswich, Suffolk. IP9 2RX**  
**Tel: 01473 326 200 Fax: 01473 326 213 Email: [admissions@royalhospitalschool.org](mailto:admissions@royalhospitalschool.org)**

The Royal Hospital School is registered as a Data User under the Data Protection Act 1984 and our use of personal information is notified to the Information Commissioner as we are required to do under the Data Protection Act 1998. The Royal Hospital School has no separate legal identity from that of Greenwich Hospital and therefore, for the purposes of the Data Protection Act, is synonymous with the Hospital. The information which you provide to the Royal Hospital School on this Application Form will be used for processing your application, determining eligibility for a Greenwich Hospital bursary, and for statistical purposes. Any information which you provide to the Royal Hospital School may be disclosed on a confidential basis to departments or individuals of Greenwich Hospital by the Royal Hospital School but will be done so in keeping with the Royal Hospital School's obligations under the Data Protection legislation when necessary. The School will ensure that all personal information is held securely and is not accessible to unauthorised persons.