

For Office Use:

CMIS No _____

RSA _____ ACK _____ Rep _____ GH _____



The
Royal Hospital
School

Registration Form

Only one child per form

CHILD'S PERSONAL INFORMATION

Surname _____
First name _____
Preferred name _____
Middle name _____
Boy Girl
Date of birth _____
Religion _____
Nationality _____
Proposed year of entry _____

Year group at entry: *(please tick as appropriate)*

Year 7 (11+) Year 8 (12+)

Year 9 (13+)* Year 10 (14+)

Year 12 (16+)

*13+ candidates only. Will he or she be a
Common Entrance candidate?

Yes No

Boarding place

Day place

PARENT'S DETAILS

Please complete all appropriate sections and tick relevant box to indicate to which address correspondence should be sent.

Father *(correspondence address)*

Title _____ Initials _____
First name _____
Surname _____
Occupation _____
Address
(If different)

County _____
Postcode _____ Country _____
Day Tel _____
Eve Tel _____
Mobile Tel _____
Fax No _____
Email _____

Former pupil of the Royal Hospital School?

Yes No

Mother *(correspondence address)*

Title _____ Initials _____
First name _____
Surname _____
Occupation _____
Address
(If different)

County _____
Postcode _____ Country _____
Day Tel _____
Eve Tel _____
Mobile Tel _____
Fax No _____
Email _____

Former pupil of the Royal Hospital School?

Yes No

OTHER PARENTS OR GUARDIAN

Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
<input type="text"/>					
<input type="text"/>					
			Postcode	<input type="text"/>	
Telephone Number	<input type="text"/>		Fax Number	<input type="text"/>	
Email Address	<input type="text"/>				
Relationship to Child	<input type="text"/>				

Please Note: Every pupil whose parents are resident outside of the UK, must have a guardian in the UK.

CHILD'S PRESENT SCHOOL

School Name	<input type="text"/>				
Type: Independent / Maintained	<i>(delete as appropriate)</i>				
Name of Head: Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
<input type="text"/>					
<input type="text"/>					
		Postcode	<input type="text"/>	Country	<input type="text"/>
Telephone Number	<input type="text"/>		Fax Number	<input type="text"/>	
Email Address	<input type="text"/>				
May we contact him / her to request a report or reference in the Michaelmas Term prior to year of entry?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

SIBLINGS

Does your child have any siblings currently in the school?

Yes No If yes, please give names, year and house.

<input type="text"/>
<input type="text"/>

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

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

<input type="text"/>
<input type="text"/>

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

Name	<input type="text"/>	Name	<input type="text"/>				
DOB	<input type="text"/>	DOB	<input type="text"/>				
Year of entry	<input type="text"/>	Sex	<input type="text"/>	Year of entry	<input type="text"/>	Sex	<input type="text"/>

ADDITIONAL INFORMATION

Does your child have any Special Educational Needs (SEN) or physical or learning difficulties?

Yes No If yes, please attach a confidential covering letter or educational psychologist's report.

Would your child require EFL (English as a Foreign Language) lessons? Yes No

If yes, please state child's first language

INTERESTS

Please give details of any extra-curricular interests your child has, including sports.

OTHER APPLICATIONS

Have you registered your child with any other school(s)? Yes No

If so, where?

FEES

Please send all fee information to:

Parents Father Mother Other (Please give details below)

Title First Name Surname

Address

Post Code Tel No Fax No

Email Address

Relationship to child

Are you eligible for MOD Continuity of Education Allowance (CEA)? Yes No

Name of claimant and service:

Do you wish to apply for a Greenwich Hospital Seafarers Bursary? Yes No
(please see the General Information Book for conditions of eligibility)

If yes, you will be sent a Bursary Application Pack in the Michaelmas Term prior to year of entry.

DECLARATION

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. Places are conditional upon passing the Entrance Examination, interview at the school and receipt of a satisfactory report from the Head of the child's present school. Fees are payable each term in advance, and a term's notice in writing must be given before a pupil is withdrawn from the school.

I / We request that the above named child be registered as a prospective pupil. 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 and the entry requirements of the School at the time of offer.

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

Please return this form and a copy of your child's passport photo page to the Admissions Officer

The Royal Hospital School, Holbrook, Ipswich, Suffolk. IP9 2RX
Tel: 01473 326 200 Fax: 01473 326 213 Email: 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.