

Registration Form



Please complete ALL sections of this form IN FULL and in BLOCK CAPITALS to avoid any delay in your registration.

APPLICANT DETAILS

Full name of proposed pupil (applicant)	
Surname	First name
Preferred name	Gender
Date of birth	Country of birth
Country of residence	
Nationality	Religion
First language	Second language
Does your child require a visa to study in the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Desired date of entry	September <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/>
Desired calendar year and school year of entry	20 Year Group:.....
Day/Boarding status	Full boarding <input type="checkbox"/> Weekly boarding <input type="checkbox"/> Day <input type="checkbox"/> Flexi boarding <input type="checkbox"/>

PARENT DETAILS

PARENT 1 (with parental responsibility) - Primary Contact	PARENT 2 (with parental responsibility)
Title (eg. Mr, Mrs, Miss)	Title (eg. Mr, Mrs, Miss)
Full name	Full name
Relationship to applicant	Relationship to applicant
Current permanent address	Current permanent address
.....
.....
Postcode	Postcode
Tel home	Tel home
Tel mobile	Tel mobile
Email	Email
Occupation	Occupation
Please tick if applicant lives at this address <input type="checkbox"/>	Please tick if applicant lives at this address <input type="checkbox"/>

PARENT DETAILS contd.

Other parental responsibility

Please provide the name(s) and current address(es) of any other person with parental responsibility for the applicant. Please note that, should an offer of a place be made, their consent to the applicant attending the School will be required.

Title Full name

Address

..... Postcode

Relationship to applicant

If someone other than the first and second signatories is to pay the applicant's School fees, please provide their full name, address and relationship to the applicant

.....

Please provide the names of any other members of the family attending Box Hill School or registered for entry, or any other family connection with the school (eg if a parent is an Old Boxhillian, or a member of staff)

.....

For International Students outside the European Economic Area

Please provide the details of your UK Guardian

Name Tel

Email

For International Students

Please provide the details of your Agent, if appropriate

Name Tel

Email

CURRENT SCHOOL

Name of school

Address

..... Postcode

Telephone no Head's name

Email Dates of attendance

Please be aware that once we receive your registration form we will, as standard, contact the applicant's current Headteacher, or Senco if appropriate, for a reference. We will assume that this is acceptable unless we hear from you otherwise.

If you would like to apply for a Scholarship (for those pupils with particular talents in Art, Music, Drama or Sport) and/or a means-tested Bursary award (for those who require financial assistance), please refer to our website for further details, including application timescales.

Have you registered/will you register your child at any other school(s) and, if so, which?

.....

Please note: there is an expectation that all students within Years 7 - 9 study two modern foreign languages.

CURRENT SCHOOL contd.

IMPORTANT: Failure to fully disclose the following applicant information at this stage may invalidate your application.

Does the applicant have any history or a diagnosis of any learning difficulty, special educational need, or behavioural/social difficulty?*

YES NO

Is the applicant entitled to any examination concessions?*

YES NO

* If yes, to either of the above, please give full details.....
.....
.....

* If yes, to either of the above, has Box Hill School assessed any formal reports relating to the above and confirmed that we are able to offer the appropriate support for the applicant?

YES NO

*** Please note, if no, you may submit this information with your registration form but please note that this will not be formally accepted and processed until we have assessed all appropriate reports relating to the above, and confirmed that we are able to support the applicant in principle. Please therefore ensure that all such reports are dated within 2 years and are provided well before our registration deadline (shown on our website) to allow sufficient time for these to be reviewed.**

Has your child ever been excluded, suspended or received a formal warning from any previous school?

YES NO

If yes, please give details

Please share any other information that we should be aware of regarding the applicant

MEDICAL

Does the applicant have any medical condition, disability, allergy or other physical conditions? YES NO

If yes, please give full details (including the names of any external organisations involved e.g. CAMHS).....
.....
.....

Does the applicant have any emotional or mental health conditions? YES NO

If yes, please give full details (including the names of any external organisations involved e.g. CAMHS).....
.....
.....

DECLARATION

I/We request that the above-named applicant is registered as a prospective pupil. All those with parental responsibility for the child have agreed to and signed this application. I understand that this does not imply that the above-mentioned applicant has been accepted for entry, which shall be conditional on: interview, entrance assessment where appropriate, report from current school, and the availability of places at the time.

I/We enclose a cheque (made payable to Box Hill School) OR I/We have made a BACs payment on the following date/...../..... (please delete as appropriate) for the non-refundable Registration fee of £100 (UK applications) OR £250 (Overseas applications)

First Signature Second Signature

Name in full Name in full

Relationship to applicant Relationship to applicant

Date Date

PAYMENT INFORMATION

Cheques should be made payable to **Box Hill School**.

Instructions for BACs payments: Please use the reference '**REG**' followed by the applicant's surname and first name initial as per the following format: REGsmithA

Account name: Box Hill School Trust Ltd	Bank: Barclays Bank PLC
Account number: 30874396	Address: Barclays Corporate Team, 90-92 High Street, Crawley, West Sussex RH10 1BP
Sort Code: 20-17-27	IBAN: GB91BARC20172730874396
SWIFTBIC: BARCGB22	

When completed, this form should be sent together with: (Please tick to confirm completion)

- Registration fee (if paying by cheque)
- A passport-sized photograph
- The applicant's latest school report (if not already provided)
- The information page of the applicant's passport (for international applicants only)

Please send to:

UK Admissions: Box Hill School, Mickleham,
Dorking, Surrey, RH5 6EA T: **01372 38240**
E: **admissions@boxhillschool.com**

Overseas Admissions: Box Hill School, Mickleham,
Dorking, Surrey, RH5 6EA T: **+44 (1)372 373382**
E: **registrar@boxhillschool.com**



Please refer to our website for registration timescales.

- Please tick this box if you are happy for us to provide you with information about Box Hill School that we believe may be of interest to you. You can withdraw your consent at any time by contacting **admissions@boxhillschool.com**

CYBERCRIME NOTIFICATION: Our bank account details will NOT change during the course of a transaction. Please speak to us before transferring any money if in doubt. We will not take responsibility if you transfer money to an incorrect bank account. If you receive an email from us or another party requesting your bank details or purporting to amend our bank details, please contact us by telephone immediately to clarify.

NB: Please refer to our website regarding information on the Box Hill School Data Protection Policy and Privacy Notices if required. These can be found at <https://www.boxhillschool.com/about-us/school-policies-reports>.

Please use the space below for any additional information you feel may support the application process:

Box Hill School, Mickleham, Dorking, Surrey RH5 6EA
Tel: +44 (0)1372 373382 • Email: admissions@boxhillschool.com
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