



United Church Schools Trust
Ashford School and
Ashford Friars Prep School
REGISTRATION FORM

(Request for an Assessment for a Place in the School)



1. Surname of Prospective Pupil:

First Name(s): Boy / Girl
(Please underline the name generally used)

Date of Birth: Nationality: Religion:

Proposed Term and Year of Entry: Year Group on Entry (if known):

Type of place: (please tick) [] Day [] Boarding [] Weekly Boarding

Does the prospective pupil have any special needs or learning difficulties? [] No [] Yes

Ticking 'yes' will not preclude the pupil from being offered a place provided he/she meets our entrance requirements; please provide details on an attached sheet.

If parents are separated please state which parent the pupil lives with:

2. Father's Title, Full Name and Address:

.....

..... Post Code:

Occupation: Email:

Daytime Telephone: Mobile Number:

Home Telephone: Fax Number:

3. Mother's Title, Full Name and Address:

.....

..... Post Code:

Occupation: Email:

Daytime Telephone: Mobile Number:

Home Telephone: Fax Number:

4. Payment of Fees (please tick one of the following)

[] I/we are able to pay the fees in full
(Ticking this box this does not exclude your child from being able to apply for scholarships)

[] I/we are able to pay up to% of the fees and would need assistance from the school with the remainder (see note below)

Note: A limited number of Assisted Places are available to families with low income/assets seeking a place in Year 7 at 11+ and the Sixth Form at 16+ only. If you are likely to need financial assistance in order for your child to join the school you should also complete an application for financial assistance available from the Admissions Office and return it with this Registration Form.

5. Guardian's Full Title, Full Name and Address (If applicable)

(Appointed under section 5 of the Children Act 1989, by the court or by a parent with parental responsibility or by an existing guardian)

.....
..... Post Code:.....

Details of Appointment:

Occupation: Email:

Daytime Telephone: Mobile Number:

Home Telephone: Fax Number:

6. Names of any family members attending Ashford School or registered for entry; or any other connection with the school

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7. Name and address of present school * see below:

.....

Name of Head: Start Date:

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 School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

DECLARATION

We request that the name of our above-named child be registered as a prospective pupil. A passport sized photograph together with a cheque for the non-returnable registration fee of **£100** (applicants from UK and EU only) or **£200** (applicants from outside UK and EU) is enclosed. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School.

* We agree that the School may contact the prospective pupil's current school for a reference, unless we notify the School in writing that we do not wish such an approach to be made.

We understand also that the School (through the Head, 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 later offered, in order to safeguard and promote the welfare of the child.

First Signature: Second Signature:

Name in full: Name in full:

Relationship to the Child: Relationship to the Child:

Date: Date:

Please staple a
passport sized
photograph of the
prospective pupil