ASHFORD SCHOOL
Inspiring Minds

ACCEPTANCE FORM

Please complete this form and return it to the Admissions Registrar with your acceptance deposit of £_____.

Cheques should be made payable to 'Ashford School'
Bank transfer to Barclays Bank, Sort Code: 20-46-50, Account 70307807, IBAN: GB54 BARC 2046 5070 3078 07, SWIFT: BARCGB22

1 SURNAME OF PUPIL:

FIRST NAMES:

(Please underline the name generally used)

Date of Birth: Gender: Boy Girl *(please circle)*

Address where child normally resides:

Post Code:

Nationality: Religion:

Please provide name and address of the present school (with dates) From: To:

Name of Head: Telephone:

Email:

2 NAMES OF ANY SIBLINGS ATTENDING THIS OR ANY OTHER SCHOOL WITHIN THE UNITED LEARNING GROUP (*please specify)*

3 ENTRY DETAILS

Type of Place: *(please tick)* Day Pupil ☐ Full Boarder ☐ Weekly Boarder ☐

Term and Year or Date of Entry		Year Group on Entry	

4

PARENT 1 Full Title and Name:			
Previous Name:		Relationship to pupil:	
Address (if different from above):			
		Post Code:	
Occupation / Place of work:			
Home Telephone:		Mobile Phone No:	
Work Telephone		Email:	

United Learning comprises: UCST (Registered in England No:2880748. Charity No. 1016538) and ULT (Registered in England No. 4439859. An Exempt Charity). Companies limited by guarantee. VAT number 834 8515 12. Registered address: United Learning, Worldwide House, Thorpe Wood, Peterborough, PE3 6SB

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PARENT 2 Full Title and Name:			
Previous Name:		Relationship to pupil:	
Address (if different from overleaf):			
		Post Code:	
Occupation / Place of work:			
Home Telephone:		Mobile Phone No:	
Work Telephone		Email:	

6 DETAILS OF ANY OTHER PERSON HAVING PARENTAL RESPONSIBILITY AND/OR GUARDIAN

Full Title and Name:	

(Appointed under Section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by an existing guardian. This is compulsory for overseas pupils)

Please note: The above named person must sign the declaration in addition to the parents

Address			
		Post Code:	
Occupation / Place of work:			
Home Telephone:		Mobile Phone No:	
Work Telephone		Email:	

7 PERSON TO WHOM THE FEE INVOICE SHOULD BE SENT

Full Title and Name:	
Relationship to pupil:	
Address (if different from overleaf):	
	Post Code:
Occupation / Place of work:	

Home Telephone:	
Work Telephone	
Mobile Phone No:	

Email for billing purposes

Signature: Full Name:

Please note: For the avoidance of doubt, all signatories to the declaration are jointly and severally liable for the payment of the fees

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DECLARATION

The Declaration must be signed by all persons named in sections 4, 5, 6 and 7

We accept the offer of a place as set out in the Letter of Offer. We have read, agree and understand the Standard Terms and Conditions enclosed, and note that they may undergo reasonable change from time to time as circumstances require.

We understand that a full term's fees (less deposit) are payable if less than one term's written notice is provided of a cancellation of a place, and that in the case of cancellation with notice the deposit will be retained by the school. We are not (jointly or individually) in arrears on the payment of fees or charges owing to our child's current or previous school/placement. We understand that we are jointly and separately liable for the payment of fees, including any extras and any fees in lieu of notice.

We, the above named parents, co-habit/live separately at the address(es) shown overleaf and agree to notify the school immediately of any change of address or family circumstances. All holders of parental responsibility for the pupil have signed this form, and no one else holds parental responsibility for him/her. There are no court orders or parental responsibility agreements in place in respect of the care or living arrangements of our child, or relating to the payment of fees, and any such orders or agreements will be immediately notified to the school and copies provided.

A Medical Declaration in relation to the pupil will be completed, and the school will be provided with all relevant information regarding our child's needs, including copies of any medical or other professional reports or assessments. Our child has not been expelled or removed at the request of another school for misconduct. Any information or circumstance relating to us and/or our child that has been previously notified to the school is and remains complete and accurate, and we will notify the school immediately of any change.

Our child has the right to enter, live and study in the United Kingdom, and if we require the school to sponsor our child as a condition of his/her entry into the UK, we have already notified the school.

The Acceptance Deposit of £_____ is enclosed/has been transferred *(delete as appropriate).*

Data Protection

The data controller for personal information held by Ashford School is United Church Schools Trust (UCST). UCST is registered with the Information Commissioner's Office (ICO). The registration number is **Z533407X.** The Data Protection Officer is Steve Whiffen, company.secretary@unitedlearning.org.uk

The School and UCST will obtain, process and hold personal information about you and your child in accordance with the purposes set out in the Standard Terms and Conditions and the School's Privacy Notice, which is available on the School website.

SIGNATURES

PARENT 1 (Section 4)

	Full Name:		Date:	

PARENT 2 (Section 5)

	Full Name:		Date:	

PERSON WITH PARENTAL RESPONSIBILITY / GUARDIAN (Section 6)

	Full Name:		Date:	

PERSON TO WHOM THE INVOICE SHOULD BE SENT (Section 7)

	Full Name:		Date	

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INSURANCE AND PAYMENT DETAILS

If you have any queries regarding the completion of this form, please contact the Admissions Department

8 **INSURANCE AND FEE REFUND SCHEME - ONLY AVAILABLE TO PUPILS JOINING ASHFORD PREP SCHOOL AND ASHFORD SCHOOL**

Over the years, parents have asked us to help them secure cover against various mishaps. We have obtained good, competitive schemes and a significant number of parents subscribe to them**. Further information is available on our website www.ashfordschool.co.uk/insurance**

If you wish to participate in any of the schemes listed below, please provide your consent by ticking the appropriate box and by completing the relevant application form. Application forms are available on our website www.ashfordschool.co.uk/insurance and should be returned by post to The Admissions Office, Ashford School, East Hill, Ashford, Kent, TN24 8PB or by email to registrar@ashfordschool.co.uk. Please note, applicable charges for these schemes will be added to your school fee invoice. Failure to complete and sign section 8 will be accepted as confirmation that you do **not** wish to participate in these schemes.

Pupil Name: _____

AXA PPP Private Medical Insurance ☐

Personal Effects Insurance (Boarding pupils only) ☐

Fee Refund Scheme including Accidental Death Cover for the Fee Payer ☐

(*please note the fee refund scheme is not an insurance policy)*

Signed _____ Date _____

9 **PAYMENT TERMS**

United Learning offers parents, at its discretion, the option to pay fees by instalment under our Instalment Scheme. Under the Instalment Scheme the dates and amounts of each instalment for that particular terms fees will be set out in a separate agreement for that term. No administration charges, interest or other charges are included in the Instalment Scheme. The School reserves the right to withdraw or amend the terms of the Instalment Scheme at any time by giving you notice in writing before the beginning of a new school term. No agreement to accept payment on deferred terms will be valid unless it provides for no more than twelve payments within a twelve month period. For more information on the Instalment Scheme please refer to the enclosed Introductory Letter

We accept payments by debit or credit card (there is no charge for payment by debit card however a 2% handling fee will apply for all payments made by credit card.)

Please indicate below the method that you will be using to settle your school fees and if paying by direct debit please complete the attached mandate **Please note we are unable to accept payment of Bridge Nursery Fees by Direct Debit and Direct Debits can only be set up on a UK current accounts.**

Please tick

Monthy by Direct Debit *(please complete and return the attached mandate)* ☐
Please note: Direct Debit collections are on the first working day of each month

Termly by Direct Debit *(please complete and return the attached mandate)* ☐

Termly by Bank Transfer or Standing Order ☐

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