

Occupation :	Nationality:	Country of residence:
Work telephone :	Home telephone :	
Mobile telephone :	Email address :	

Full name of father :		Date of birth :
Title: Mr / Dr / Other		
Full postal address (if different from mother) :		
Post code :		
Occupation :	Nationality:	Country of residence:
Work telephone :	Home telephone :	
Mobile telephone :	Email address :	

4. Further contact information; please indicate below the marital status between the mother and father:

Single Married (to each other) Partners (not married) Separated Divorced Widowed

a) In the case of different addresses, please confirm to whom should correspondence be sent?:

b) In the case of only one parental contact please could you provide a brief note of explanation (as we ordinarily require 2 signatures for the Registration Form):

5. Please indicate with whom the child is mainly resident: Mother Father Both equally Other

If other, please complete the details below :

Full name & address of non parental contact :		Relationship to child:
Full postal address :		
Post code :		
Occupation :	Nationality:	Country of residence:
Work telephone :	Home telephone :	
Mobile telephone :	Email address :	

6. Does your child have any Learning Support requirements?

Yes No

If yes, please tick the appropriate box below. If No, please proceed to Question 7

My child has a statement of special educational needs	Yes <input type="checkbox"/> No <input type="checkbox"/>
My child has been assessed for dyslexia and/or specific learning support requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>
He/she has been receiving extra one-to-one support or small group tuition	Yes <input type="checkbox"/> No <input type="checkbox"/>
He/she has an Educational Psychologist report (If yes, please enclose a copy with this Registration Form)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I wish my child to continue with extra lessons of learning support	Yes <input type="checkbox"/> No <input type="checkbox"/>
My child has extra time or other access arrangements in examinations	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Any information you will give will be treated confidentially and forwarded to the Head of Learning Support, who may contact you for discussion)

7. Is the child's first language English?

Yes No

If yes, please go to Question 8

If No, please state the child's first language:	
Will the child have been in the UK for less than 2 years, prior to the date of entry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is one or more parents British?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the child been educated in an English speaking school? If Yes, please state the length of study:	Yes <input type="checkbox"/> No <input type="checkbox"/>

(This information is required by our English as an Additional Language (EAL) Department).

8. Which of the following would best describe the ethnic origin of your child?

Please answer by ticking one box from the list below

Asian or Asian British Bangladeshi <input type="checkbox"/>	Internal use ABAN	Mixed/Dual Background White and Asian <input type="checkbox"/>	Internal use MWAS
Asian or Asian British Indian <input type="checkbox"/>	AIND	Mixed/Dual Background White and Black African <input type="checkbox"/>	MWBA
Asian or Asian British Pakistani <input type="checkbox"/>	APKN	Mixed/Dual Background White and Black Caribbean <input type="checkbox"/>	MWBC
Any Other Asian Background <input type="checkbox"/>	AOTH	Gypsy / Romany <input type="checkbox"/>	WROM
Black or Black British Black - African <input type="checkbox"/>	BAFR	Traveller of Irish Heritage <input type="checkbox"/>	WIRT
Black or Black British Black Caribbean <input type="checkbox"/>	BCRB	White – British <input type="checkbox"/>	WBRI
Any Other Black Background <input type="checkbox"/>	BOTH	White – Irish <input type="checkbox"/>	WIRI
Chinese <input type="checkbox"/>	CHNE	Any other White background <input type="checkbox"/>	WOTH
Any Other Mixed Background <input type="checkbox"/>	MOTH	Any Other Ethnic Group <input type="checkbox"/>	OOTH

(This information is required by the Department for Children, Schools and Families for the collection and analysis of statistical data. Please be assured that this information is not part of the selection process and will not be made available to those assessing pupils).

9. Are there any special medical circumstances we should be aware of?

Yes No

If yes, please provide us with details on an accompanying letter.

10. Declaration

We request that our child named above be registered as a prospective pupil. (A cheque for the non-returnable registration fee of £50 is enclosed). We understand that the 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 also understand that the School (through the Head as the person responsible) may obtain, process and hold personal information about our child, including confidential 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.

(Each of those with parental responsibility must sign and complete below. In the case of only one signatory please complete Question 4b).

First signature:	Second signature:
Printed name in full:	Printed name in full:
Relationship to the Child:	Relationship to the Child:
Date:	Date:

Please note that early registration is recommended. Registrations will be considered in the order they are received. Early House preference is also recommended. Offers of places are subject to availability and the admission requirements of the School at the time. A hard copy of the current Admissions Policy and Terms and Conditions can be supplied on request and are available at www.eastbourne-college.co.uk

On completion please return this form with the £50 Registration fee to; Admissions Secretary

Telephone: 01323 452323

Fax: 01323 452354

Email: edeacon@eastbourne-college.co.uk

Eastbourne College
Old Wish Road
Eastbourne
East Sussex
BN21 4JX

Optional - marketing survey:

How did you hear about Eastbourne College?

internet advert family friend Agency referral Prep school Old Eastbournian connection

Would you like us to contact you to arrange a visit? Yes No

Please contact us or visit our website www.eastbourne-college.co.uk for details of our Open Mornings and further information about us