



REGISTRATION FORM

PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS

* Delete where applicable

The following particulars should be supplied by a parent or guardian on behalf of the applicant.

APPLICANT INFORMATION

Proposed date of entry: _____

Surname: _____ Forenames: _____

Known as: _____ *Male/Female Date of Birth: _____

Boarding Status: _____ *Day/Boarding/Weekly Nationality: _____

Religion: _____ Languages: _____

Ethnic Origin *Please tick*

- | | | |
|---|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Any other Asian Background |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> Any other Mixed Background | <input type="checkbox"/> African |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Black Background |
| | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other ethnic Background |

Does the applicant have any connection to the School?

(e.g. Siblings/Parent Old Framlinghamian)

Does the applicant have any special educational needs?

Defined as a learning difficulty which calls for special educational provision.

*Yes/No

If yes please include details on a separate sheet.

Does the applicant have any Medical conditions?

(Includes allergies, dietary needs or regular medicines taken).

*Yes/No

If yes please include details on a separate sheet.

DETAILS OF CURRENT SCHOOL

Name of current school: _____

Name of Head/Principal: _____

Address: _____

Postcode: _____ Country: _____ Telephone: _____

PARENT INFORMATION

Include all persons who have parental responsibility for the above child. Please use a separate sheet if necessary.

Parent 1

Title: _____ Forename: _____ Surname: _____

Relationship to applicant: _____ Occupation: _____

Address: _____

Postcode: _____ Country: _____

Telephone Numbers *(Please indicate with a * which number we can contact you on during the day)*

Home: _____ Mobile: _____

Office: _____ Fax: _____

Email: _____

Preferred method of contact: Telephone Email

Parent 2

Title: _____ Forename: _____ Surname: _____

Relationship to applicant: _____ Occupation: _____

Address: _____
(if different from Parent 1)

Postcode: _____ Country: _____

Telephone Numbers *(Please indicate with a * which number we can contact you on during the day)*

Home: _____ Mobile: _____

Office: _____ Fax: _____

Email: _____

Preferred method of contact: Telephone Email

If Parent 1 and Parent 2 live at separate addresses:

Please indicate with whom the child has permanent residency: Parent 1 Parent 2

Please indicate to whom the fee invoice should be sent: Parent 1 Parent 2

GUARDIAN INFORMATION- Mandatory for non EU applicants, optional for UK/EU applicants

If there are additional guardians please include details on a separate sheet.

Title: _____ Forename: _____ Surname: _____

Relationship to applicant: _____ Occupation: _____

Address: _____

Postcode: _____

Telephone Numbers *(Please indicate with a * which number we can contact you on during the day)*

Home: _____ Mobile: _____

Office: _____ Fax: _____

Email: _____

Preferred method of contact: Telephone Email

Should the guardian be included on the general mailing list (excluding grades)? Yes No

Should the guardian receive copies of grades and reports? Yes No

I/We have understood the terms and conditions provided with the Registration Form, and understand that these are subject to change from time to time. I/We understand that the Registration Form does not constitute the offer of a place at the school and that any offer made will be subject to entrance requirements being satisfied and a place being available. I/We have enclosed a cheque for £50 made payable to 'Framlingham College'.

Parent 1 signature: _____ Date: _____

Print Name: _____

Parent 2 signature: _____ Date: _____

Print Name: _____

When completed please send this form to the Admissions Registrar at Framlingham College or the Headmaster's PA at Brandeston Hall together with a cheque for £50 made payable to "Framlingham College" and crossed "a/c payee only"

<i>For Office use only:</i>					
Roll No: _____	Reg'n rec'd: _____	£ _____	Conf sent: _____	Ref request: _____	Ref rec'd: _____
Offer sent: _____	Accept rec'd: _____	£ _____	On databases: _____	Agent: _____	