

Registration Form



Seaford College

Prep · Senior · Sixth Form

This form is to be completed by those with parental responsibility for the child and returned to: The Admissions Office, Seaford College, Petworth, West Sussex, GU28 0NB

Please complete, where relevant, all sections in this form.

Place Required:

Prep School (Years R-8) ☐
Senior School (Years 9-11) ☐
Sixth Form (Years 12 & 13) ☐
Proposed Year Group:
Proposed date of entry (MM/YY):

Day/Boarding Status (All Years):

Day (Years R-13) ☐
Flexi-Boarding (Years 6-13) ☐
4 Day Boarding: Mon-Thurs - (Years 6-8) ☐
Weekly Boarding (Years 9-13) ☐
Full Boarding (Years 9-13) ☐

Current School:

Name:
Address:
.....
.....
Telephone No:
E-mail contact:
Name of Head Teacher:
Dates Attended:
.....

Is your current school aware that you are
registering your child with Seaford College?

Yes: ☐
No: ☐

Do you have any fee arrears with your
child's current school?

Yes: ☐
No: ☐

Please attach
photo here.

Child's Details:

Surname:
Forename(s) (in full):
.....
Known as:
Date of birth:
Gender:
Nationality:
Ethnicity:
Home address:
.....
.....
Home Postcode:
Home Tel No.:

As part of the admissions process, we will contact your child's school for a confidential reference

Personal Information and Individual Needs:

Does your child have a sibling who currently attends Seaford College?

Yes: ☐

No: ☐

Please outline your child's artistic, dramatic, musical or sporting skills, and their hobbies and interests (if applicable):

.....

.....

.....

Would you like to be sent information about Scholarships?

Yes: ☐

No: ☐

(Please note that this is only available for entrants to Year 3, 7, 9 & 12)

Do you wish to apply for supplementary means-tested bursarial support?

Yes: ☐

No: ☐

(Please note that bursaries are generally only available from Year 9)

Are there any circumstances relating to your child that we should be aware of?

Yes: ☐

No: ☐

Does your child have any medical conditions or disabilities?

Yes: ☐

No: ☐

Does your child have any special needs or learning difficulties?

Yes: ☐

No: ☐

Does your child have an Educational Psychologist report?

Yes: ☐

No: ☐

If Yes, please attach the report to this application form

Does your child have any court orders or ongoing safeguarding concerns?

Yes: ☐

No: ☐

If the answer to any of the above questions is yes, please give details on the blank space at the back of this application form.

Parents' Details:

Father*:

Title:

Surname:

First Names:

.....

Address:

.....

.....

.....

Postcode:

Occupation:

Nationality:

Home Phone:

Mobile Phone:

Work Phone:

E-mail:

Mother*:

Title:

Surname:

First Names:

.....

Address:

.....

.....

.....

Postcode:

Occupation:

Nationality:

Home Phone:

Mobile Phone:

Work Phone:

E-mail:

*If you have parental responsibility for the child in a capacity other than as a parent of the child, please state your relationship to the child here:

.....

.....

Please complete the following information if you are applying for a Year 10 or 12 place:

Pupil UCI Number:

Candidate Number:

This number enables us to transfer your examination board information

Your GCSE examination subjects with predicted grades or actual results achieved:

Subject (GCSE / Other)	Grade	Date Achieved	Exam Board

Please indicate your child's A Level subject choices below:

Declaration:

We request that the above-named child be registered as a prospective pupil and we enclose/have made a payment for the non-refundable registration fee of £120 (VAT inclusive).

Payment to be made by cheque payable to Seaford College or by bank transfer to:

Bank: Barclays Bank

Account Name: The Johnson Trust Ltd trading as Seaford College

Account No: 13194841 - Sort Code: 20-97-74

For international payments:

IBAN: GB36BARC2097 7413 1948 41

BIC: BARC GB22

**When paying
by BACS please
use the student's
name as reference.**

By signing this Registration Form we understand, accept and agree that:

1. Registration of our child as a prospective pupil does not secure our child a place at Seaford College but does ensure that our child will be considered for selection as a pupil at the College;
2. If our child is offered a place at the College, such an offer will be subject to the College's terms and conditions for the provision of educational services, which will bind us (as the holders of parental responsibility for him/her) in the event (and from the moment) that we accept the place;
3. If applicable, the College may request from our child's present school or educational institution: (a) information and a reference in respect of our child; and/or (b) information about any outstanding fees and/or supplement charges;
4. The College may process any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:
Administering its list of prospective pupils;
Its registration, selection and/or admissions procedures, including as set out above;
Communication with parents of prospective pupils about the College and generally managing relationships between the College and its prospective pupils.

First Signature:

Second Signature:

Print Name:

Print Name:

Relationship to child

Relationship to child

Date:

Date:

Recommendation	<input type="checkbox"/>	Please give details:
Advert	<input type="checkbox"/>	
Website	<input type="checkbox"/>	