

Student Name:



PHOTOGRAPH

Acceptance Form

Please complete this booklet and return it in the envelope provided as soon as possible, enclosing the following:

- The Medical Form (in the separate envelope attached).
- A copy of your child's most recent school report.
- A cheque for the deposit of £200 to guarantee a place.
(This is refunded against the first term's fees.)

Terms and Conditions and School Rules are enclosed with the booklet.
These are for you to retain.

***Please note it is College policy to move to a system of communication which is electronic, in the interests of efficiency and environmental awareness. It is important therefore that the email address provided is a secure and private one as it may be used for confidential communications.**

Please return this form and your cheque in the envelope attached, to the Registrar together with a confidential letter addressed to the Head if there are any matters of which we ought to be aware before your child enters the School, or once here.

Please send back to:

The Registrar
Ellesmere College
Ellesmere
Shropshire
SY12 9AB

Ellesmere College
ACCEPTANCE FORM
(Accepting the Offer of a Place)

Pupil's Details

Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Preferred Name	<input type="text"/>	Boarding Status	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Entry	<input type="text"/>
Gender	<input type="text"/>	Home Language	<input type="text"/>

I/We HEREBY ACCEPT the place which has been offered to us for our child (named above), on the terms of the letter containing that Offer and the Terms and Conditions referred to in it.

I/We ACKNOWLEDGE RECEIPT of a copy of the current School Rules which we have read and drawn to our child's attention.

I/We HEREBY DECLARE individually and jointly that:

1. **Terms and Conditions:** Before signing this form we have read and understood and we agree to Ellesmere College Terms and Conditions, and the policies therein, which will undergo reasonable change from time to time. We have retained a copy of the Terms and Conditions with our records.
2. **Discipline and Behaviour:** We agree to support the College on matters of discipline and behaviour and to conform to the rules of the College.
3. **Disabilities & Learning Difficulties:** We have disclosed or will disclose without delay any reason we have to know or suspect that our child has a learning difficulty or a disability giving rise to a special educational need (for example, dyslexia, dyspraxia, attention deficit disorder, visual or hearing impairment or any condition requiring use of a wheelchair).
4. **Medical Matters:** We have completed the Medical Form and attach, in confidence, all relevant information about any medical condition, health problem, allergy or disability which affects our child and/or which may prevent our child from taking a full part in the College's academic and games/sports curriculum and outdoor activities.
5. **Activities:** We agree to our child taking a full part in the College's academic and games/sports curriculum and outdoor activities and undertake to inform the College of medical or other conditions which may, from time to time, inhibit the involvement of the pupil.
6. **Court Orders:** We have informed the College if we are separated or divorced and if any court orders have been made in relation to our child or either of us (including any orders relating to financial matters):
7. **Parental Responsibility:** We both have parental responsibility for our child; we both agree that our child should attend the College and no other person's consent is required.
8. **Current school:** I confirm that fees payable to our child's current and any previous schools have been paid or will be paid in full before our child enters Ellesmere College.
9. **Cancellation/Withdrawal:** We will not cancel our acceptance of this place or withdraw our child from the College without first giving a full term's written notice or paying a term's fees in lieu of notice in accordance with the Terms and Conditions referred to above.
10. **Documents:** We confirm that before signing this form, we have seen or had an opportunity to see all the documents and policies referred to in the Terms and Conditions and the School Rules and Regulations including E-Safety IT Policy, Educational Guardianship Policy, Drugs Policy, Alcohol Policy, Behaviour and Discipline Policy, Parents' Handbook and School Rules.

I/WE HEREBY GIVE THE FOLLOWING EXPRESS AUTHORITIES on behalf of ourselves and (so far as we are entitled to do so) on behalf of our child:

1. **Data Protection:** I/we consent to the College (through the Head as the person responsible) obtaining, using and holding "personal data" including "sensitive personal data" such as medical information, to be processed lawfully and fairly in accordance with the Data Protection Act 1998, for the purposes of safeguarding and promoting the welfare of our child and ensuring that all relevant legal obligations of the College and ourselves are complied with.
2. **School Fees:** I/we consent to the College making enquiries of our child's current or previous schools for confirmation that all sums due and owing to such school/s have been paid and we consent to your informing any other school or educational establishment to which you propose sending your child if any fees of this School are unpaid.

3. School Transport: We consent to our child being carried by public or school transport driven in a responsible manner by an adult who is suitably qualified and insured.
4. Activities: We consent to our child taking part in the College's weekly activity programme, which may include membership of the College's CCF, Duke of Edinburgh Award Scheme or other activities and the associated expeditions, that may involve being out overnight. (For this programme there is a standing charge of £30 to £60 per term depending on the age of your child. This covers additional expert tutors and instructors, specialist equipment, 'off-site' facility hire and transport. Occasionally there is a supplementary charge for specific trips, which you would be informed of in advance.)
5. Trips: We consent to our child taking part in College trips and activities that are necessary as part of their education and understand that such activities, costing less than £50, will be charged to our account in arrears.

I/WE ENCLOSE our cheque for £200 being the deposit which will be held without payment of interest in the general account of the School in accordance with the Terms and Conditions referred to above.

Signatory One

Title	<input type="text"/>		
Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Town / City	<input type="text"/>
	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		
Country	<input type="text"/>	Relationship	<input type="text"/>

Home Tel.	<input type="text"/>	Mobile Tel.	<input type="text"/>
Home email	<input type="text"/>		

Signature	<input type="text"/>	Date	<input type="text"/>
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Signatory Two

Title	<input type="text"/>		
Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Town / City	<input type="text"/>
	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		
Country	<input type="text"/>	Relationship	<input type="text"/>

Home Tel.	<input type="text"/>	Mobile Tel.	<input type="text"/>
Home email	<input type="text"/>		

Signature	<input type="text"/>	Date	<input type="text"/>
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Special Educational Needs

Dyslexia	<input type="checkbox"/>	English as an Additional Language	<input type="checkbox"/>	Additional Information
Dyspraxia	<input type="checkbox"/>	Gifted and Talented	<input type="checkbox"/>	<input type="text"/>

Priority One Contact

Title	<input type="text"/>		
Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Town / City	<input type="text"/>
	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Relationship	<input type="text"/>	Occupation	<input type="text"/>
Date of Birth	<input type="text"/>		
Contact for:	Parental Responsibility <input type="checkbox"/>	Accounts / Finance	<input type="checkbox"/>
	Correspondence <input type="checkbox"/>	Pupil Reports	<input type="checkbox"/>
Home Tel.	<input type="text"/>	Home Email	<input type="text"/>
Work Tel.	<input type="text"/>	Work Email	<input type="text"/>
Mobile Tel.	<input type="text"/>		

Priority Two Contact

Title	<input type="text"/>		
Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Town / City	<input type="text"/>
	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Relationship	<input type="text"/>	Occupation	<input type="text"/>
Date of Birth	<input type="text"/>		
Contact for:	Parental Responsibility <input type="checkbox"/>	Accounts / Finance	<input type="checkbox"/>
	Correspondence <input type="checkbox"/>	Pupil Reports	<input type="checkbox"/>
Home Tel.	<input type="text"/>	Home Email	<input type="text"/>
Work Tel.	<input type="text"/>	Work Email	<input type="text"/>
Mobile Tel.	<input type="text"/>		

Priority Three Contact

Title	<input type="text"/>		
Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	Town / City	<input type="text"/>
	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Relationship	<input type="text"/>	Occupation	<input type="text"/>
Date of Birth	<input type="text"/>		
Contact for:	Parental Responsibility <input type="checkbox"/>	Accounts / Finance <input type="checkbox"/>	
	Correspondence <input type="checkbox"/>	Pupil Reports <input type="checkbox"/>	
Home Tel.	<input type="text"/>	Home Email	<input type="text"/>
Work Tel.	<input type="text"/>	Work Email	<input type="text"/>
Mobile Tel.	<input type="text"/>		

Any Specific Dietary Requirements

General Medical Information

NHS No.	<input type="text"/>	Name of Family Doctor	<input type="text"/>
Allergies	<input type="text"/>		

How do you wish to pay your School Fees?

Direct Debit	<input type="checkbox"/>	Bank Transfer	<input type="checkbox"/>
Debit or Credit Card	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
Fees in Advance	<input type="checkbox"/>		

Full details concerning the payment of school fees and the methods of payment are available on the College website in our Admissions section.

Special Instructions Concerning Accounts or Correspondence

Pupil Information Sheet

Pupil's Details

Forename(s)		Surname	
Date of Birth		Current School	

Academic

What are your favourite Subjects?

Sporting

What sports interest you?

What sports have you played?

What school teams have you been in?

Musical

What sort of music interests you?

Do you play an instrument or sing? If you do, please say which instrument(s).

Do you play in a group or sing in a choir? Please tell us about it.

Dramatic

What sort of plays interest you?

If you have played a part in a play please tell us about it. (Including any involvement in technical or backstage activities)

Other

Have you ever been in charge of anything; a captain, a prefect or monitor etc. Please Tell us about it.

What other interests or activities would you like to be involved in?

Do you have a family connection to the school? Y/N **What is the relationship?**

If 'Yes', which Competitive House were they in?

Internal Use – To be completed by the Admissions Department

Students Name

Date of Birth	Gender	Boarding Status
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Start Term	Start Year	Academic Year
<input style="width: 95%; height: 20px; text-align: left;" type="text" value="Michaelmas / Lent / Summer"/>	<input style="width: 95%; height: 20px;" type="text" value="20"/>	<input style="width: 95%; height: 20px;" type="text" value="3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12"/>

Academic Course

Agent

Checklist

- | | |
|--|---|
| <input type="checkbox"/> Completed form with two signatures | |
| <input type="checkbox"/> Medical Form completed | <input type="checkbox"/> sent to Sisters |
| <input type="checkbox"/> School Report enclosed | <input type="checkbox"/> or to be chased |
| <input type="checkbox"/> School Reference enclosed | <input type="checkbox"/> or to be chased |
| <input type="checkbox"/> Visa / CAS completed | <input type="checkbox"/> or being processed |
| <input type="checkbox"/> Agent details received | <input type="checkbox"/> or to follow |
| <input type="checkbox"/> Guardian details received | <input type="checkbox"/> or to follow |
| <input type="checkbox"/> Remission Offered | |

Distribution

	Date	Action by
Copies sent to Finance	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Copies sent to DHA and Secretary	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Copies sent to DHP	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
File to HM Secretary	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>