



**Please complete in BLOCK CAPITALS. Return to the Admissions Department at the address shown on the back page, together with the non-refundable registration fee.**

Application for:  Day  Boarding

Year group entry:  Nursery  Reception  Y1  Y2  Y3  Y4  Y5  Y6  
 Y7  Y8  Y9  Y10  Y11P  Y12  Y13

Term joining:  Autumn (September)  Spring (January)  Summer (May)

If Sixth Form:  A Level (16 to 18)  International Baccalaureate (IB) (16 to 18)

A Level or IB subject choices (if known):

Pupil details

Surname (as shown on passport):  Male  Female

Forenames (as shown on passport):

Known as: Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_ (ddmmyyyy)

Place of birth: Nationality:

Proposed date of entry: First language:

Passport number: Religious denomination:

Date visited school: Ethnic origin (please tick below):

**White**

British  Irish  Other White

**Black or Black British**

Caribbean  African  Other Black

**Asian or British Asian**

Indian  Pakistani

Bangladeshi  Chinese

Other Asian  Unknown

**Mixed**

White and Black Caribbean

White and Black African

White and Black Caribbean

Pupil home address (BLOCK CAPITALS)

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## Previous record

Present school:

Headmaster/mistress:

Date of entry:

Address:

Telephone:

Email:

Does your son/daughter have any boarding experience?  Yes  No

Previous school(s) with dates:

We will contact your child's last school to seek references and for information sharing. If your child has not previously attended school, please provide details of a personal reference.

## Father's details (BLOCK CAPITALS):

Title:

First name:

Last name:

Home address:

Occupation:

Nationality:

Marital status:

Telephone (home):

Telephone (mobile):

Telephone (work):

Email:

Address to be used for:  Correspondence  Billing

Please tick this box to confirm you are happy to receive the School's weekly e-newsletter to the above address

## Mother's details (BLOCK CAPITALS):

Title:

First name:

Last name:

Home address (if different from that of the father):

Occupation:

Nationality:

Marital status:

Telephone (home):

Telephone (mobile):

Telephone (work):

Email:

Address to be used for:  Correspondence  Billing

Please tick this box to confirm you are happy to receive the School's weekly e-newsletter to the above address

Do both parents have parental responsibility for the child?

Yes  No (if no, please give details in a covering letter)

Do both parents agree the child should attend Sidcot?

Yes  No (if no, please give details in a covering letter)

Is there anyone else whose consent to the child coming to Sidcot is required?

Yes  No (if yes, please give details in a covering letter)

If responsibility for payment of fees is split between parents, please complete the following:

Agreed percentage of fees payable  % Father  % Mother

Agreed percentage of extras payable  % Father  % Mother

Is it proposed that anyone **other than the parents** will pay or guarantee payment of fees?

If yes, name and address of person to whom accounts for fees should be sent (if not parents):

Title: First name: Last name:

Home address:

Relationship to pupil:

Telephone (home):

Telephone (mobile):

Telephone (work):

Email:

Agreed percentage of fees payable  %

Please tick this box to confirm you are happy to receive the School's weekly e-newsletter to the above address

Guardian. If parents live abroad, name and address of guardian in this country.

Title: First name: Last name:

Home address:

Relationship to pupil:

Telephone (home):

Telephone (mobile):

Telephone (work): Email:

Please tick this box to confirm you are happy to receive the School's weekly e-newsletter to the above address

General health. Are there any special health problems of which the School should be aware?  
Are there any treatments required?

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Does your child have any learning difficulties or identified special educational needs?  
(Please include an Educational Psychologist's Report with your application).

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Please mention here the names of other members of the family attending Sidcot or registered for entry; or any other connection with the School e.g. Sidcotian and their relationship to the applicant.

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Why have you chosen Sidcot?

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How did you find out about Sidcot?

Word of mouth  Press advert  Online advert  Bus advert  Outdoor banner or signage

Poster or flyer  Google search  Other (please state):

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Would you be prepared to talk to any parents considering sending their children to Sidcot?

Yes  No

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For international applications only – if you are being represented by an educational agent, please give details.

Company name:

Contact name:

Address:

Telephone number:

Email address:

Please include a photocopy of the personal details and photograph page of your child's passport.

## Special circumstances

### Please inform us in a covering letter if:

1. The child has any known medical problem or allergy.
2. The parents are separated or divorced. Please provide details of where the child lives and what custody arrangements are in place.
3. Any person named in this form expects to change address during the next 12 months.
4. There are any court orders in relation to the child; for example, as to parental responsibility, residence, contact prohibited steps, specific issues or periodical payments; or in a relation to the parents or if either parent is an undischarged bankrupt or subject to an individual voluntary arrangement.
5. The child may be unable to play a full part in the games and sporting curriculum of the School.

## Declaration

I / We request that the above named child be registered as a prospective pupil at Sidcot School. A cheque for the non-refundable fee is enclosed (£150 for Senior School and Sixth Form and £75 for Nursery and Junior School). I / We understand that the standard 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. I / We also understand the School (through the Headmaster, as the person responsible) may obtain, process and hold personal information about my / our child, including references and information from their current school, sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is offered, in order to safeguard and promote the welfare of the child.

### Please indicate if you will be applying for:

a scholarship  a means-tested bursary (information available on request).

Signature of Father: .....Date:.....

Signature of Mother:.....Date:.....

Signature of Legal Guardian:.....Date:.....  
(not educational agent)

If you have previously been educated elsewhere in the UK, we need your UCI and ULN numbers, and details of any external exam results that you achieved before joining Sidcot. Please sign here to confirm you are happy for our Exams Officer to contact your previous school to obtain this information.

Signature of Student:.....Date:.....

### Enclosures with completed application form:

Registration fee  School Report  Photocopy of personal details and photograph page from their passport. This is a requirement for all students.  Educational Psychologist's Report (if applicable).

Please return the completed form and enclosures to: The Registrar, Admissions Department, Sidcot School, Oakridge Lane, Winscombe, North Somerset, BS25 1PD.

