

# Please complete in BLOCK CAPITALS. Return to the Admissions Department by email or post using the address shown on the back page.

Application for:	Day Boarding Weekly Boarding Flexi Boarding		
Year group entry:	Nursery Reception Y1 Y2 Y3 Y4 Y5 Y6		
	Y7 Y8 Y9 Y10 Y11P Y12		
Term joining:	Autumn (September) Spring (January) Summer (April)		
	Mid-term – please specify dates:		
If Sixth Form (16-18):	A Level International Baccalaureate (IB) BTEC Sport		
A Level or IB subject choices (if known):			
Please indicate if you are applying for a 🗌 Scholarship 🗌 Bursary			

# Pupil details

Surname (as shown on birth certificate or pa	Gender:	
Forenames (as shown on birth certificate or p	passport):	
Known as:	Date of Birth:	(ddmmyyyy)
Place of birth:	Nationality:	
Proposed date of entry:	First language:	
Passport number:	Religious denomination	on:
Date visited school:	Ethnic origin (please t	ick 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 address and with whom they live

#### Previous record

Present school:

Headmaster/mistress:	Date of entry:
Address:	
Telephone:	Email:
Previous school(s) with dates:	

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

# Parent one / legal guardian:

Title:	First name:		Last name:	
Home add	ress:			
Occupatio	n:	Nationality:		Marital status:
Telephone	(home):		Telephone (mobile	e):
Telephone	(work):		Email:	
Address to	be used for: 🗌 Corres	pondence 🗌 Billing		
Please	tick to confirm you are h	appy to receive the Sch	nool's weekly e-news	sletter to the above email address.

## Parent two / secondary contact:

Title:	First name:	La	st name:			
Home addr	Home address (if different from that of parent one):					
Occupation	:	Nationality:	Marital status:			
Telephone	(home):	Te	lephone (mobile):			
Telephone	(work):	Er	nail:			
Address to	be used for: 🗌 Corresp	oondence 🗌 Billing				
Please t	Please tick to confirm you are happy to receive the School's weekly e-newsletter to the above email address.					

PLEASE NOTE: You must provide a minimum of two contact details.

Do both parents have parental res	sponsibility of	f the child?	
Yes No (if no, please give details in	a covering lette	er)	
Is there anyone else whose consen	t is required f	or the child to come to Sid	lcot?
Yes No (if yes, please give details i	n a covering let	ter)	
Fees – if responsibility for payme	nt is split betv	veen parents and/or some	eone else
Agreed percentage of fees payable:	% Parent 1	% Parent 2	% Anyone other than parent*
Agreed percentage of extras payable:	% Parent 1	% Parent 2	% Anyone other than parent*
*If anyone other than the parents	are paying the	e fees	
Title: First name:	1 9 0	Last name:	
Home address:			
		Relationship to pupil:	
Telephone (home):		Telephone (mobile):	
Telephone (work):		Email:	
Agreed percentage of fees payable	%	Agreed percentage of extra	as payable: %
Please tick to confirm you are happy to	receive the Sch	ool's weekly e-newsletter to	the above email address.

#### Special circumstances

Are there any known or suspected special circumstances relating to your child's health, physical and mental wellbeing, allergies, physical disabilities or social circumstances which may affect their performance in the admissions process and/or ability to fully participate in the education provided by the School including social integration?

### Learning support

Does your child have any learning support requirements?		Yes		No
---------------------------------------------------------	--	-----	--	----

If yes, please send their most recent school reports, including any Educational Psychologist's Reports, Speech and Language Reports or Health Reports.

#### Sidcotian connections

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.

Why have you chosen Sidcot?	
-----------------------------	--

How did you find out about Sidcot?
Word of mouth Press advert Website Bus advert Outdoor banner or signage Facebook
Poster or flyer Google search Other (please state):

For international applications only			
If you are being represented by an education	al agent, please give their details.		
Company name:	Contact name:		
Address:			
Telephone number:	Email address:		
Please note: families who live abroad will ne	ed to appoint a guardian in the UK.		
Declaration			
transfer for the non-refundable fee is enclos Junior School). I/We understand that the sta	registered as a prospective pupil at Sidcot School. A cheque or BACS ed (£150 for Senior School and Sixth Form and £75 for Nursery and ndard terms and conditions of the School will undergo reasonable require and will apply in all our dealings with the School.		
personal information about my/our child, inc	e Headmaster, as the person responsible) may obtain, process and hold uding references and information from their current school, sensitive lance with the privacy notice on the School's website.		

Signature of Parent 1 / Legal G	iuardian:		Date:
Signature of Parent 2 / Second	ary Contact:		Date:
Included with completed appl	ication form:		
<ul> <li>Registration fee (cheque / E</li> <li>Photocopy of personal deta</li> </ul>			
Please return the above via em Sidcot School, Oakridge Lane,			rar, Admissions Department,
*BACS transfers			
UK payments: International payments:		30-91-84   Account Number 5LOYD30918400639248   S	
Your data			
For details on how we use you	Ir data, please refer to the	orivacy policy on our website.	

a, p рі y ΥK



Sidcot School: A company limited by guarantee in England under number 2093340. Registered office: Sidcot School, Winscombe, North Somerset BS25 1PD. Registered Charity no: 296491, VAT no: 567627892