



REGISTRATION FORM

Please complete one form for each child you would like to register.

1. CHILD'S PERSONAL INFORMATION

Surname

First name

Preferred name

Middle name

Boy Girl Other

Date of birth

Nationality

Proposed year of entry

Term of Entry Autumn Spring Summer

Year group at entry: (please tick as appropriate)

Year 7 (11+) Year 8 (12+)

Year 9 (13+)* Year 10 (14+)

Year 11 (15+) Year 12 (16+)

*13+ candidates only. Will they be a Common Entrance candidate? Yes No

Day/Boarding status:

Full Boarding Weekly Boarding

3-Night Boarding Day

Day with ad hoc boarding

2. PARENT/LEGAL GUARDIAN DETAILS

Consent to the child attending the School will be required by all persons with parental responsibility.

First Parent / Legal Guardian

Please tick all that apply

Fee payer Parental responsibility Address for correspondence

Title First name Surname

Address

Postcode County Country

Tel (Day) Tel (Eve) Mobile

Email

Occupation Former pupil of the Royal Hospital School? Yes No

Employer's business name

Second Parent / Legal Guardian

Please tick all that apply

Fee payer Parental responsibility Address for correspondence

Title First name Surname

Address

Postcode County Country

Tel (Day) Tel (Eve) Mobile

Email

Occupation Former pupil of the Royal Hospital School? Yes No

Employer's business name

Other contact

Please state relationship to child

Please tick all that apply

Fee payer Parental responsibility Address for correspondence Agent Guardian

Title First name Surname

Address

Postcode County Country

Tel (Day) Tel (Eve) Mobile

Email

3. CHILD'S PRESENT SCHOOL

School name

Dates of attendance

Type: Independent Maintained Other (please state)

Name of Head: Title First name Surname

Address

Postcode Country

Telephone number

Email address

May we contact the school to request a report or reference upon receipt of this Registration Form?

Yes No If no, when can we do this?

Have you registered your child's name with any other school(s) and if so, which?

4. SIBLINGS

Families with two children in the School at the same time receive a 5% discount on the boarding or day fee for the eldest child. Those with three children in the School are eligible for 10% discount for the eldest and 5% discount on the second eldest child and those with four children will receive 25% discount on the eldest, 10% on the second eldest and 5% on the third eldest, when all are in the School at the same time.

Does your child have any siblings currently in the School? Yes No

If yes, please give names, year groups and Houses.

Do you have any other children for whom you may consider the Royal Hospital School in the future?

Name Name

DOB DOB

Year of entry Year of entry

Boy Girl Other Boy Girl Other

5. ADDITIONAL SUPPORT REQUIREMENTS

Learning Support

Does your child have any learning or curriculum support requirements?

No Yes If yes, please attach any supporting information.

English as an Additional Language

Pupils for whom English is not their first language may be required to have EAL (English as an Additional Language) lessons, instead of mainstream English or a second foreign language.

Please tick here if your child's first language is **NOT** English and please state their first language.

6. EXPERIENCE AND INTERESTS

Please give details of any extra-curricular interests your child has e.g. art, drama, music, sport. Please also give brief details of any qualifications or grades received and/or membership of any groups or teams.

7. AWARDS, BURSARIES AND DISCOUNTS

Awards

If you are interested in applying for any of the following awards for your child, please indicate by ticking the relevant box below.

Academic RHS Exhibition Music Sailing Creativity Drama Sports

For more information regarding the above awards please go to www.royalhospitalschool.org.

Services Families

Please indicate if you are eligible for MOD Continuity of Education Allowance (CEA) Yes No

Name of claimant

Relationship to child

Armed Service

Seafaring Families

If your child has a parent with a seafaring background as outlined in the conditions of eligibility in our Additional Information book, you may be eligible for a means-tested bursary or discount on the boarding fee (full, weekly or 3-night boarding) through Greenwich Hospital.

Please state which you would like to apply for:

Means-tested Seafarer's Bursary 15% Seafarer's Discount (not means-tested)

For more information, please contact Greenwich Hospital on 020 7396 0140 or www.grenhosp.org.uk

Royal Hospital School Bursaries

My child could **only** enter the School if awarded a Means-tested Bursary

Royal Hospital School bursaries are only available to children who are successful in achieving an award.

8. VISAS

Please confirm whether your child will require sponsorship by the School to obtain a visa to study in the United Kingdom.

Yes No

If you are not UK residents but have a visa to live and work here, a copy of your child's visa must be provided with this registration form.

Included Yes No

9. CONFIDENTIAL

Please provide us with details of any medical conditions, health problems or allergies affecting your child; any learning difficulty, disability, or special educational need; any specific religious or cultural requirements as well as any behavioural or social difficulties your child may have. Providing this information, including any sensitive or 'Special Category' information or data, will enable the School to consider any adjustment that it may need to make to assist your child to partake in the School's admissions procedure or when he or she enters the School. Please provide as much detail as possible using an attached continuation sheet if necessary and including any relevant documentation such as medical reports and assessments.

I / We consent to the Royal Hospital School collecting, storing and processing the special category data provided above for the purposes set out and timescales stipulated in the School's Privacy Notice. (please tick)

For further information on how this data is used and stored please read the Royal Hospital School's Privacy Notice which can be found at www.royalhospitalschool.org/about/policies.

10. DECLARATION

Data Protection

I / We understand that the personal data provided on this form will be processed for the purposes set and the timescales stipulated in the Royal Hospital School's Privacy Notice which can be found at www.royalhospitalschool.org/about/policies.

For the purposes of data protection law, the Royal Hospital School is the data controller for any personal data you supply to us. This personal data will be processed in accordance with data protection law, only used for the purpose(s) for which you have supplied it to us and in accordance with our Privacy Notice, and (except where you have consented) only shared with third parties where it is necessary for us to do so and the law allows it. If we share your personal information with another organisation (e.g. another school, ISI, DfE or another government department etc.) this will be to help us act upon what you have told us or because these organisations need to be made aware of what you are telling us (in order for them to act upon it).

Please let us know if you do not wish us to share your information with relevant organisations but also be aware that we might not be able to act upon your correspondence if we do not share it. It is also important to note that, in certain circumstances, we might have a legal obligation to share the information that you have supplied to us with other organisations.

Identification

I / We enclose or attach a copy of our child's passport.

Payment

I / We enclose a cheque payable to 'Royal Hospital School' for the non-refundable Registration Fee of £75.

or

I / We agree to transfer payment to the Royal Hospital School (bank details below) for the non-refundable Registration Fee of £75.
Please use your child's name as a reference.

Bank Name: Barclays Bank plc, 1 Churchill Place, Canary Wharf, London E14 5HP
Account Sort Code: 20-65-68
Account Number: 33923894
IBAN: GB50 BARC 2065 6833 9238 94
SWIFT Code: BARCGB22

International payments for fees, deposits and incidental expenses can be made via <https://royalhospitalschool.flywire.com>.

Signatures

I / We request that our child named in section 1. of this form is registered for a place at the Royal Hospital School and understand that this form should be signed by all persons with parental responsibility.

First Parent / Legal Guardian (name in full)

Relationship to child

Signature

Date / /

Second Parent / Legal Guardian (name in full)

Relationship to child

Signature

Date / /

Please return to: The Admissions Office, Royal Hospital School, Holbrook, Ipswich, Suffolk IP9 2RX
UK Admissions: 01473 326178/136 or International Admissions: +44 (0) 1473 326179 Email: admissions@royalhospitalschool.org