



## Ewell Castle School – Application Form

Please return this form with payment to: The Registrar, Ewell Castle School, Church Street, Ewell, Surrey, KT17 2AW

### Pupil's Details

Legal Surname \_\_\_\_\_ Forename \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred forename \_\_\_\_\_

Gender: Male  Female  Nationality: British  Other  (please specify) \_\_\_\_\_

Proposed Term and Year of Entry \_\_\_\_\_ Year Group on Entry \_\_\_\_\_

Brother/Sister currently at Ewell Castle School: Yes  No  Sibling's name(s) \_\_\_\_\_

### Father

Title \_\_\_\_\_ Home telephone \_\_\_\_\_

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Personal mobile \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

### Mother

Title \_\_\_\_\_ Home telephone \_\_\_\_\_

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Personal mobile \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

If the address of the father and mother are different, please indicate pupil's home address:

Father's home address  Mother's home address

Does your son/daughter require a Visa to study in the UK? Yes  No

If yes, please provide details (e.g. Tier 2, Tier 4) \_\_\_\_\_

Please note that the appointment of a Guardian is compulsory if neither of the parents will be accompanying their child in the UK.

### Guardian (if applicable)

Title \_\_\_\_\_ Home telephone \_\_\_\_\_

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Personal mobile \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### Additional Information

I would like information on the following (Senior School only)

Scholarships:  Academic  Art  Drama  DT  Music  Sport  ECSports Academy - Cricket  ECSports Academy - Tennis  
 Means-Tested Bursary

## Ewell Castle School – Application Form *continued*

### Present school

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of Head Teacher \_\_\_\_\_

Year of joining \_\_\_\_\_

### Are there any circumstances relating to your child of which Ewell Castle School should be aware?

ADHD  Aspergers Syndrome  Autism  Dyspraxia  Dyslexia

Hearing impairment  Visual impairment  Other  (please provide details)

Educational Psychologist's report  Statement of Special Educational Needs  EHCP

*Please enclose a photocopy of the most recent report/statement with application. Should your child have an EHC Plan, a copy must accompany the initial Ewell Castle School application form and it must be sent to the Registrar before any assessments take place. Failure to disclose any Special Educational Needs pertaining to your child, may result in the offer of a place at Ewell Castle School being withdrawn.*

Current access arrangements your child is entitled to/currently receives (if any): \_\_\_\_\_

Medical condition/allergies/disabilities: \_\_\_\_\_

### Language(s)

Please provide details of languages spoken at home \_\_\_\_\_

Does your child receive specific English language support at his/her present school? Yes  No

### Declaration

I/We request that the above named child be registered as a prospective pupil. A cheque for the non-returnable registration fee (payable to Ewell Castle School) is enclosed, or an electronic bank transfer arranged for the non-returnable registration fee. I/We understand that:

- Registration of my/our child does not constitute the offer of a place at Ewell Castle School. Offers of places are subject to availability and to the admissions requirements of the School at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.
- The standard terms and conditions of Ewell Castle School will undergo reasonable changes from time to time as circumstances may require and will apply in all our dealings with the School.
- Ewell Castle School (through the Principal, as the person responsible) may obtain, process and hold personal information about my/our child, including sensitive information such as medical details and I/we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of my/our child.
- In the event that my/our child is offered a place at Ewell Castle School, such an offer will be subject to the School's terms and conditions for the provision of educational services, which will bind me/us in the event that I/we accept the place.
- Cheque for the registration fee enclosed  Registration fee transferred online  Request bank details

First signature \_\_\_\_\_ Second signature \_\_\_\_\_

Name in full \_\_\_\_\_ Name in full \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_