

AMPLEFORTH COLLEGE

ST MARTIN'S AMPLEFORTH

For Office Use Only

Name: _____

Year Group: _____

Receipt No: _____

REGISTRATION FORM

SURNAME OF CHILD _____ (please tick): Boy Girl

First names (underline name normally used): _____

First Language (*If not English*): _____ Nationality: _____ Religion: _____

Date of Birth: _____ Type of place required (please tick): Boarding Day

Proposed year of entry: _____ Proposed term of entry: Autumn / Lent / Summer

Have you registered, or do you intend to register the child's name at any other school: Yes / No

If so, name of school/s: _____

FATHER'S DETAILS: Title: _____ Surname: _____ First Names: _____

Address: _____ Daytime tel: _____

_____ Evening tel: _____

_____ Mobile: _____

_____ Fax: _____

Postcode: _____ Email: _____

Occupation: _____ Child lives at this address: Yes / No

MOTHER'S DETAILS: Title: _____ Surname: _____ First Names: _____

(*if different from above*)

Address: _____ Daytime tel: _____

_____ Evening tel: _____

_____ Mobile: _____

_____ Fax: _____

Postcode: _____ Email: _____

Occupation: _____ Child lives at this address: Yes / No

NAME OF PRESENT SCHOOL: _____ Date Started: _____

Address of present school: _____ Name of Head: _____

_____ Telephone no: _____

_____ Email: _____

MARKETING INFORMATION. Please say how you first heard of Ampleforth College:

Local reputation Present school Friends
Advertisement Compass for Life Website

Other (Please give details) _____

COLLEGE CONNECTIONS: Please mention the names of any other family members with connections with the school:

Is either parent an Old Amplefordian? Father: Yes / No House: _____
Years: _____
Mother Yes / No House: _____
Years: _____

Any other connection with the College: _____

Please provide details of any medical condition (including allergies), disability or learning difficulty of the child.

Notes

Early registration is recommended. Registrations will be considered in the order they are received.
Offers of places are subject to availability and the admissions requirements of the School at the time offers are made.
A copy of the current edition of the Terms and Conditions will be supplied on request.

Declaration

We request that the above-named child be registered as a prospective pupil. A cheque for the non-returnable registration fee of £100 is enclosed. We understand that the 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. We understand also that the school (through the Head as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and 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 the child.

First signature: _____ Second signature: _____
Please print name in full: _____ Please print name in full: _____
Relationship to the child: _____ Relationship to the child: _____
Date: _____ Date: _____

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Please return this form together with the registration fee of £100 (Please make cheques payable to *St Laurence Education Trust*) For alternative methods of payment please contact the admissions department on (01439) 766863
To: The Director of Admissions, Ampleforth College, York, YO62 4ER