

Ewell Castle School – Application Form

Please return this form to the Admissions Department - admissions@ewellcastle.co.uk
or Ewell Castle School, Church Street, Ewell, Surrey, KT17 2AW
Please complete this form in block capitals

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) _____

Parent/Guardian (Primary Contact)

Title _____ Forename _____ Surname _____
 Relationship to pupil _____ Home telephone _____
 Personal mobile _____ Email _____
 Address _____
 Occupation _____ Company Name _____

Parent/Guardian (Secondary Contact)

Title _____ Forename _____ Surname _____
 Relationship to pupil _____ Home telephone _____
 Personal mobile _____ Email _____
 Address _____
 Occupation _____ Company Name _____

If the address of contact 1 and contact 2 are different, please indicate pupil's home address:

Primary Contact home address Secondary Contact 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 EHCP

Please enclose a photocopy of the most recent report/statement with application. Should your child have an EHCP, 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 of 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. 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.
- Registration fee transferred online

Please quote 'Reg fee' together with your child's name.

Our bank details are: Barclays Bank Account: 30357960 Sort code: 20-29-90

First signature _____ Second signature _____

Name in full _____ Name in full _____

Relationship to child _____ Relationship to child _____

Date _____ Date _____