

Admissions Form

ALL PARTS OF THIS FORM MUST BE COMPLETED. IF YOU ARE COMPLETING THIS FORM BY HAND, PLEASE WRITE IN CAPITALS.

Please note that the admissions process will be delayed if this form is not fully completed.

STUDENT DETAILS

Surname/Family Name:						First Name(s):						Nationality:																		
Gender	Male:	<input checked="" type="checkbox"/>	Female:	<input checked="" type="checkbox"/>	Age:		Date of Birth:	D	D	M	M	Y	Y	Passport No:																
Passport Issue Date:						D	D	M	M	Y	Y	Passport Expiry Date:						D	D	M	M	Y	Y	Place of Passport Issue:						
First Language:												Religion:																		
Home Address:																														
												Email Address:																		
Home Telephone Number:												Mobile Number:																		

ACADEMIC DETAILS

College Entry: September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please Select Point of Entry					
MYP 1 – 11 Years (Year 7)	<input checked="" type="checkbox"/>	MYP 2 – 12 Years (Year 8)	<input checked="" type="checkbox"/>	MYP 3 – 13 Years (Year 9)	<input checked="" type="checkbox"/>
MYP 4 – 14 Years (Year 10)	<input checked="" type="checkbox"/>	MYP 5 – 15 Years (Year 11)	<input checked="" type="checkbox"/>	IB Diploma 16 – 19 Years (Years 12 and 13)	<input checked="" type="checkbox"/>

EDUCATIONAL BACKGROUND

Name of Current School:	Start Date of School:	D	D	M	M	Y	Y
School Address:							
Telephone Number:	Email Address:						
Name of Headteacher:	Email Address:						

PARENT DETAILS

Father's Name:	Mother's Name:				
Father's Postal Address:	Mother's Postal Address:				
Home Telephone Number:	Home Telephone Number:				
Mobile Number:	Mobile Number:				
Email Address:	Email Address:				
Is there any other person who could claim parental responsibility for this student? (If YES please fill out the section below)		YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>
Name:	Address:				
Home Telephone Number:	Mobile Number:				
Email Address:	Relationship to Student:				

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HOW DID YOU HEAR ABOUT NEWLAND COLLEGE?

Recommendation	<input checked="" type="checkbox"/>	Advertisement	<input checked="" type="checkbox"/>	Website	<input checked="" type="checkbox"/>
Other (please give details):					

MEDICAL HISTORY

(Please use this section to give details of any medical conditions, special needs or requirements that your child may have. You may attach further details to the application form if required.)

Has your child already had:												
Chicken Pox (Please select)	<input checked="" type="checkbox"/>	Measles (Please select)	<input checked="" type="checkbox"/>	Rubella (Please select)	<input checked="" type="checkbox"/>	Whooping Cough (Please select)	<input checked="" type="checkbox"/>					
Have they had vaccinations for:												
Rubella (Please select)	<input checked="" type="checkbox"/>	Polio (Please select)	<input checked="" type="checkbox"/>	Measles (Please select)	<input checked="" type="checkbox"/>	Mumps (Please select)	<input checked="" type="checkbox"/>					
Diphtheria (Please select)	<input checked="" type="checkbox"/>	Whooping Cough (Please select)	<input checked="" type="checkbox"/>	Tetanus (Please select)	<input checked="" type="checkbox"/>							
Does your child have a medical condition that the college needs to be aware of? (e.g. asthma, epilepsy, diabetes etc.)							Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>		
Please explain:												
Does your child have any allergies that the college needs to be aware of? (e.g. Penicillin/food allergy)									Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Please explain:												
Is your child taking any medication that the college needs to be aware of?									Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Please explain:												

PARENT'S CONSENT AND CONFIRMATION

I confirm that the information given is correct and complete. I understand that the information will be used by the college to help and support my child while he/she is at Newland College. All information on the college's database will be used by Newland College for internal purposes. Exceptions to this rule are where it is necessary to share specific data with a third party/sub contractor as necessary e.g. Ofsted, transport and travel companies.

I agree that Newland College staff are acting in loco parentis and I consent to all emergency or other medical or dental treatment or procedures, which, in the opinion of a qualified medical practitioner, are necessary for the safety and wellbeing of my child. I understand that Newland College staff will inform me of any treatment or procedure that may be necessary while my child is in loco parentis. I understand that I am responsible for any medical fees my child incurs during their time at Newland College. I consent to Newland College staff trained in first aid to provide first aid treatment and/or administer medication to my child if necessary and I understand that Newland College staff will inform me if this is the case.

I agree to abide by the Conditions of Enrolment and the Terms & Conditions. I am responsible for the payment of all fees for the above named student and agree to pay Student School Expenses* immediately a place is offered and the balance of the fees 10 weeks prior to the arrival date. (*this is used to cover school uniform, examination fees, travel documentation and any other small charges over the year of which the parent will be informed, e.g. Breakfast Club or overnight stays for day students, if used. Any unspent balance will be refunded to the parents' bank account at the end of the student's time at Newland College.)

I agree and consent to the participation of my child in the college programme and supervised activities within and outside the college premises. I also authorise the college to include photographs, images or audio recordings of my child in the college's prospectus, website and other works including promotional material.

I enclose the registration fee of 90.00 GB Pounds.

Signature of Father:

Signature of Mother:

Date:	D	D	M	M	Y	Y
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Date:	D	D	M	M	Y	Y
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