



# ST EDMUND'S COLLEGE & PREP SCHOOL

Please attach  
photo of  
student here  
(Essential)

## APPLICATION FOR ADMISSION - Please print clearly in black ink

### DETAILS OF STUDENT

Surname: \_\_\_\_\_

First Names (Please underline the forename generally used): \_\_\_\_\_

Boy  Girl

Date of Birth (day/month/year):     /     /     Age: \_\_\_\_\_

Proposed Term/Year of Entry: \_\_\_\_\_

Day  Full Boarding  Weekly Boarding

Nationality: \_\_\_\_\_

Are you a British Citizen? Yes  No  Do you require a Visa to enter the UK? Yes  No

First Language (if not English): \_\_\_\_\_ Religion: \_\_\_\_\_

Please outline any artistic, dramatic, musical or sporting skills or experience (if applicable): \_\_\_\_\_

Please give details of any other hobbies and interests (if applicable): \_\_\_\_\_

Please provide details of any medical conditions (including allergies), disabilities or learning difficulties: \_\_\_\_\_

#### FATHER

#### MOTHER

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel (Day): \_\_\_\_\_

Tel (Day): \_\_\_\_\_

Tel (Evening): \_\_\_\_\_

Tel (Evening): \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

If parents are divorced/separated, please indicate at which address the child is living: With Father  With Mother

Please state where all correspondence should be sent:

To Father only  To Mother only  Both  Overseas Agent

Who has legal responsibility for the child: Mother  Father  Other  \_\_\_\_\_

**PRESENT SCHOOL**

Full Name:

Address:

Name of Head Teacher:

Tel:

Fax:

Email:

Independent

State

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

**GUARDIAN IN UK (if parents living abroad)**

**(Full Boarders must have a Guardian in this country if parents live/work outside the UK)**

Full Name:

Address:

Postcode:

Tel (Day):

Tel (Evening):

Mobile:

Fax:

Email:

Occupation:

**OTHER INFORMATION**

Any previous connections to St Edmund's? (i.e. other siblings/relatives/friends)

Where did you hear about St Edmund's? (Please tick box below):

Local Reputation  Present School  Friends  Advertisement  Website  Overseas Agent

Other  If other, please give details:

**FOR OFFICE USE ONLY**

Account Number:

Registration Fee Paid:

Linen Number:

Deposit Paid:

House:

Direct Debit Form Returned:

Form:

Sibling:

Status:

Agent:

Date Started: / /

Date on CMIS:

## PAYMENT OF FEES

Please complete below details of the person(s) to whom the invoice should be sent:

All payments should be made directly to the College and not through any intermediaries.

Full Name:

Address:

Postcode:

Fax No:

Email address to which invoice can be sent:

## TERMS AND CONDITIONS

Offers of places are subject to availability and the admission requirements of the College at the time offers are made. A copy of the current Terms and Conditions will be supplied on request.

## DECLARATION

We request that the above-named child be registered as a prospective student. **A cheque for £85 (or £30 for Nursery and Reception)**, being the non-returnable Registration Fee, is enclosed. We accept full responsibility for the payment of the College Fees and understand that a full term's notice is required before the removal of a student. Failure to provide such notice will result in one term's fees being charged. We understand that the standard Terms and Conditions of the College may alter from time to time, as circumstances require.

We understand that the College 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:

Name in full:

Name in full:

Relationship to child:

Relationship to child:

Date:        /        /

Date:        /        /

*(Both parents to sign where possible)*

Please return this form, together with the £85 Registration Fee (or £30 for Nursery and Reception) to:

The Admissions Office  
St Edmund's College  
Old Hall Green  
Ware  
Hertfordshire  
SG11 1DS

Tel: 01920 824247

Fax: 01920 823011

Email: [admissions@stedmundscollege.org](mailto:admissions@stedmundscollege.org)

(Cheques should be made payable to 'St Edmund's College')



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[www.stedmundscollege.org](http://www.stedmundscollege.org)

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