



Registration form

request for a place

The Bedford Charity (The Harpur Trust)

REGISTRATION FORM

Please write clearly in block capitals throughout

Your child	
Surname of your child	<input type="text"/>
First names <small>(Please underline the preferred name)</small>	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Religion	<input type="text"/>
First Language	<input type="text"/>

Type of place <small>(please tick)</small>						
Senior School	<input type="checkbox"/>	Boarding	<input type="checkbox"/>	Weekly Boarding	<input type="checkbox"/>	Day Pupil
Sixth Form	<input type="checkbox"/>	Boarding	<input type="checkbox"/>	Weekly Boarding	<input type="checkbox"/>	Day Pupil

I/We are interested in: <small>(please tick)</small> Awards and scholarships are only offered at 13+ and 16+							
<input type="checkbox"/>	Access Award	<input type="checkbox"/>	Academic Scholarship	<input type="checkbox"/>	Music Scholarship	<input type="checkbox"/>	Sports Scholarship

Proposed year of entry	<input type="text"/>	Proposed year group at entry	<input type="text"/>
------------------------	----------------------	------------------------------	----------------------

Sixth Form applicants only. Please indicate your preferred choice of qualification, if known:			
AS/A Level	<input type="checkbox"/>	International Baccalaureate Diploma	<input type="checkbox"/>

Have you registered your child's name at any other school/s and if so, which?	<input type="text"/>
	<input type="text"/>

Parent / Guardian 1		<small>(This should be the person with whom the School corresponds and who, ultimately, will be responsible for the fees. This person is not necessarily the one with whom the boy resides)</small>	
Title <small>(Mr, Mrs, Miss, Ms, Dr)</small>	<input type="text"/>	Full name	<input type="text"/>
Date of birth	<input type="text"/>	Relationship to child	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Daytime telephone	<input type="text"/>	Evening telephone	<input type="text"/>
E-mail address	<input type="text"/>	Mobile telephone	<input type="text"/>
Occupation	<input type="text"/>		
Employer's business name and address	<input type="text"/>		

Parent / Guardian 2

Title (Mr, Mrs, Miss, Ms, Dr)

Full name

Date of birth

Relationship to child

Address

Postcode

Daytime telephone

Evening telephone

E-mail address

Mobile telephone

Occupation

Employer's business name
and address

If Parent 1 and Parent 2 live at separate addresses, please indicate with whom the boy has permanent residency

Parent 1

Parent 2

Please mention here the names of any other members of the family attending the School or registered for entry; or any other connection with the School (including OBs)

Please indicate how you first heard of Bedford School. Was it from:

Local Reputation

Present School

Friends

Advertisement

Website

Agent

Family Connection

Other
(Please give details)

Please state the name and address of your child's present school

Name and address of school

Telephone number

Fax number

E-mail address

Website

Name of Head

Date of joining

Date of leaving

The school has been informed of our intentions and we are happy for you to contact them:

Yes

No

Please outline your child's artistic, dramatic, musical or sporting skills or experience

Please give an outline of your child's hobbies or interests

Please provide details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need, as well as any behavioural, emotional and / or social difficulty below or on the attached Confidential Information Form (as applicable)

Please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at Bedford School

Yes

No

Notes

Early registration is recommended. Registrations will be considered in the order that they are received. Offers of places are subject to availability and the admission requirements of the School at the time that offers are made. A copy of the Bedford Charity's *Terms and Conditions* will be supplied on request.

The completion and return of this registration form does not constitute any binding agreement upon you or the Bedford Charity (the Harpur Trust).

Declaration

I / We request that the name of our above-named child be registered as a prospective pupil. I / We will submit the non-refundable Registration Fee of £100. I / 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. I / 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 our child.

I/We have enclosed a cheque for £100 made payable to The Bedford Charity (The Harpur Trust)

or

I/We have arranged a bank transfer for £100 to The Bedford Charity and have enclosed a copy of the bank transfer

I/We have also enclosed a copy of my/our son's birth certificate and/or a copy of his passport

Both parents/guardians of the child named above are required to sign this registration form unless only one parent is to be responsible for the school fees

Parent / Guardian 1

Parent / Guardian 2

Signature

Signature

Full name

(please include all names)

Full name

(please include all names)

Date

Date

Ethnicity Form

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents, or those with parental

responsibility, are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 years or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the child named in the Registration Form attached to this form. Please also tick whether the form was filled in by a parent or the child.

Name of Child	
<input type="text"/>	
<input type="text"/>	
White (please tick box)	
British - English, Scottish or Welsh	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>
Black or Black British (please tick box)	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>
Chinese or other Ethnic Group (please tick box)	
Chinese	<input type="checkbox"/>
Any other Ethnic Group (please give details)	
<input type="text"/>	
<input type="text"/>	

Mixed Race	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian Background	<input type="checkbox"/>
Any Other Mixed Background	
Asian or Asian British	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian Background	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
This information was provided by	
Parent	<input type="checkbox"/>
Child	<input type="checkbox"/>

Please return the form to the School with your completed Registration Form

(Any information you provide will be used solely to compile statistics on diversity within the School. These statistics will not allow individual children to be identified).



Bedford School, De Parys Avenue, Bedford MK40 2TU
Tel: +44 (0)1234 362200 Fax: +44 (0)1234 362283
Email: info@bedfordschool.org.uk www.bedfordschool.org.uk