

Registration Form



ASHVILLE
◆ COLLEGE ◆

Please complete this form to ensure that you are included on our mailing list and receive further information about admission procedures and assessment tests.

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS.

Candidate details:

Surname Forename(s).....
Age Date of birth Sex M/F Nationality
First language Religion
Admission required Month Year Current school
Year Group applying for Name of Head
Place required Day Boarding Previous school and dates of attendance

Parent(s) details:

Parent 1 (*parent child normally resides with*)

Name
Address
.....
.....

Tel: Home
Work
Mobile
Email

Occupation
How many children do you have

Parent 2

Name
Address
.....
.....

Tel: Home
Work
Mobile
Email

Occupation
Name of other child(ren) at Ashville

Other information:

Name of agent used, if applicable
Name of guardian (if applying for a boarding place), if known

Signature(s) of parent(s)

Parent 1 Parent 2
Date Date

Registration fee

Please send this completed form and return it, together with a cheque made payable to Ashville College for £50 for day pupils or £100 for boarders, to:

The Registrar, Ashville College, Green Lane, Harrogate HG2 9JP
Tel: +44 (0) 1423 566 358 Fax: +44 (0) 1423 505 142 Email: ashville@ashville.co.uk
Web: www.ashville.co.uk