

# ASHVILLE COLLEGE REGISTRATION FORM

(December 2020)

On receipt of the completed registration form, you will receive further information about the admission process. Registration does not guarantee a place at the School.

Please complete ALL PAGES of the form in BLOCK CAPITALS.

PUPIL DETAILS	
Surname:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
First name(s):	Preferred name:
Age:	Proposed date of entry (MM/YY):
Date of birth (DD/MM/YY):	Proposed year group:
Religion:	First language:
Nationality: <input type="checkbox"/> British <input type="checkbox"/> Other (please specify) _____	Pupil's home address:
Place required (tick): <input type="checkbox"/> Day <input type="checkbox"/> Boarding	Postcode:
If boarding, proposed length of stay at Ashville:	Country:
Please attach a copy of your child's most recent full school report and any examination results.	
FIRST PARENT/GUARDIAN DETAILS *	SECOND PARENT/GUARDIAN DETAILS *
Title:	Title:
First name:	First name:
Surname:	Surname:
Home address: (if same as above tick here <input type="checkbox"/> )	Home address: (if same as above tick here <input type="checkbox"/> )
Postcode:	Postcode:
Country:	Country:
Tel (home):	Tel (home):
Mobile no:	Mobile no:
Tel (work):	Tel (work):
Email: <input type="checkbox"/> Please tick if you are happy to receive emails relevant to your child.	Email: <input type="checkbox"/> Please tick if you are happy to receive emails relevant to your child.
We agree to Ashville College keeping in touch with admissions related information (eg future deadlines and events such as Open Days), news about the College, and activities on offer relevant to our child:	<input type="checkbox"/> YES
Relationship to pupil:	Relationship to pupil:
Occupation/Profession:	Occupation/Profession:
Name of employer/company:	Name of employer/company:
Name/s of other child/ren currently at Ashville (if applicable):	
Name and age of other child/ren you have:	

\*Biological parent or the person with legal responsibility or legal guardian.



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AGENT DETAILS (if applicable)	
Agency name:	Contact at agency:
Email:	
CURRENT SCHOOL/NURSERY/PLAYGROUP	
Name, telephone number, and address of current school/nursery (if applicable):	Previous school/nursery/playgroup with dates:
Dates of attendance:	
Email address of best person for us to contact for a reference at your child's current school:	
Name of Head:	Please indicate if we may approach the Head for a reference. <input type="checkbox"/> YES <input type="checkbox"/> NO
IMPORTANT INFORMATION	
Is your child identified as Gifted and Talented or particularly able in any subject area?  <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please give details opposite.	
Does your child have any educational or learning support requirements?  <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please give details opposite. <b>Please attach copies of any relevant reports or documents, eg. educational psychologist reports.</b>	
Does your child have any medical requirements or physical impairment? (including allergies)  <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please give details opposite.	
Does your child have any dietary requirements, eg. vegetarian?  <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please give details opposite.	
Please get in touch with the Admissions Department if you wish to be considered for a Scholarship or Means Tested Award. Ashville awards scholarships in Academic, Art, Drama, Music and Sport (available for entry into Year 7, Year 10 and Lower Sixth).	
Is either parent/guardian an Old Ashvillian? <input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):	



Does the applicant have any other connection with the College, eg. siblings? ☐ NO ☐ YES (please specify):

Are you applying to any other school? ☐ NO ☐ YES (please provide details):

## IDENTITY, NATIONALITY, PASSPORT AND VISA REQUIREMENTS

**This is a requirement for all applicants.** Please note that Ashville is required to take steps to verify identity and ascertain that your child has the right to study in the UK.

Please attach a copy of your child's birth certificate, passport and visa. Please sign and date the copies to certify it is/they are a true copy of the original.

I/we have enclosed/attached copies of:

☐ Passport ☐ Birth certificate ☐ Visa ☐ N/A

Please note that in respect of any child, we reserve the right to:

- Request further information and documentation in support of your declarations regarding your child's right to study in the UK; and
- Share information with UK Visas and Immigration (UKVI) and the Home Office for the purposes of compliance with our responsibilities as a licenced sponsor (whether we sponsor your child or not).

## REGISTRATION FEE

Please return this form and complete payment of the non-refundable registration fee (£100 day pupil, £150 boarding pupil) by:

- Debit card (call +44 (0)1423 724849)
- BACS transfer to Lloyds Bank – Harrogate, account no: 44762868, sort code: 30-93-91
- IBAN number: GB29 LOYD 3093 9144 7628 68
- Cheque made payable to 'Ashville College'.

Please post completed registration forms to:

**Director of Admissions**  
**Ashville College**  
**Green Lane**  
**Harrogate**  
**HG2 9JP, UK**

or scan and email to [admissions@ashville.co.uk](mailto:admissions@ashville.co.uk)

If you have any queries please call +44 (0)1423 724863 or email: [admissions@ashville.co.uk](mailto:admissions@ashville.co.uk)



**DATA PRIVACY**

We will never sell your data and we undertake to keep your details safe and secure.

You can change your mind at any time and ask to be removed from our lists by emailing [admissions@ashville.co.uk](mailto:admissions@ashville.co.uk).

For further details on how your data is used and stored, please request our Privacy Policy. Please help us keep your information up to date and let us know if any of your contact details change.

Registration is your expression of interest, the start of the application process. Registering allows us to record your information and add your child's details to our provisional lists **but registration does not mean that your child has a definite place**. There are further steps required before we are able to offer a place. Please refer to the Admissions and Application information sheet available from Admissions and on our website.

**DECLARATION**

By signing this form we:

- Request that the named child is registered as a prospective pupil. We understand that registration does not guarantee our child a place at the School. We understand that future offers of places are subject to their availability, to the admission requirements of Ashville at the time offers are made and to Ashville's Terms and Conditions prevailing at the time. Ashville College is a selective school and all prospective pupils will be required to sit the College's entry assessments.
- Agree that Ashville may contact the child's present or previous schools for a reference and reports.
- Consent to Ashville processing any personal data about us (or either of us) and our child, including sensitive personal data about our child (such as medical details), for the purposes of:
  - administering its list of prospective pupils;
  - its registration, selection and/or admission procedures; and
  - communicating with the parents of prospective pupils about Ashville and generally managing relationships between Ashville and its prospective pupils.
- Confirm that the information we have provided throughout this form is to the best of our knowledge true and complete. Failure to disclose information pertaining to your child may result in a future offer of a place being rescinded.

I/we have paid the non-refundable registration fee (£100 day pupil, £150 boarding pupil) by (please tick):

☐ debit card ☐ BACS transfer ☐ cheque (see over for details)

I/we have enclosed/attached copies of my child's most recent school reports:

☐ YES

I/we have enclosed/attached copies of any reports relating to my child's educational/learning support/medical needs:

☐ YES ☐ N/A

Signature of First Parent / Guardian: \*

Signature of Second Parent / Guardian: \*

Date (DD/MM/YY):

Date (DD/MM/YY):

Print name:

Print name:

\*Biological parent or the person with legal responsibility or legal guardian.



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## FINALLY

Please say how you heard about Ashville College:

☐ Agent ☐ Website ☐ Web search ☐ Social media ☐ Word of mouth ☐ Targeted email ☐ Other

If other, please specify:

Did you come to an Open Morning? ☐ YES ☐ NO

