



### Privacy Protection

The information you provide on this form will only be processed for the purpose for which it has been given and it will be held on a database. This will allow us to send you other related information in the future. We do not sell, trade or offer this information to others and will primarily use the information to process your application to have your child admitted to Rugby School. This may be shared with third party consultants for this purpose only. We may also use your email address to inform you about Admissions opportunities that may be of interest.

The School's Data Protection Policy can be found on the School's website at [www.rugbyschool.co.uk/about/school-policies/](http://www.rugbyschool.co.uk/about/school-policies/). Please contact the Information Security Officer at [infosecurity@rugbyschool.net](mailto:infosecurity@rugbyschool.net) or on 01788 556353 for queries about how your data is used. If you do not wish to receive any further information from Rugby School via email, please email [admissions@rugbyschool.net](mailto:admissions@rugbyschool.net)

(Please speak to the Head of your child's school before submitting this form; when we receive it we will assume that we may write to the school for a report)

### CHILD'S DETAILS: Please complete in BLOCK letters using BLACK INK.

Surname \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

First Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

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

Year of entry \_\_\_\_\_ Entry Level 13+  16+

Boarding or Day \_\_\_\_\_ Preferred House \_\_\_\_\_

Present School \_\_\_\_\_

School Address \_\_\_\_\_

Name of Head Mr / Mrs / Ms \_\_\_\_\_ Email \_\_\_\_\_

### GENERAL HEALTH - All questions must be answered.

Does the child have any known medical condition or health problems or allergies? Yes  No

Are any treatments required? Yes  No

Has your son/daughter ever suffered from an eating disorder? Yes  No

May the child be unable to play a full part in the games and sporting curriculum of the School? Yes  No

*If you have answered Yes to any of the above, up-to-date details will be requested later by the School Medical Officer.*

### SPECIAL CIRCUMSTANCES - All questions must be answered.

Does the child have any learning difficulty, special educational need, disability or behavioural/emotional and/or social difficulty? Yes  No

Are the parents separated or divorced? Yes  No

If yes, should both parents receive mailings? Yes  No

Does any person named in this form expect to change address during the next 12 months? Yes  No

Are there any Court Orders in relation to the child, for example as to parental responsibility, residence, contact, prohibited steps, specific issues or periodical payments? Yes  No

In relation to the parents, is either parent an undischarged bankrupt or subject to an individual voluntary agreement? Yes  No

Will your child require sponsorship from the School in order to obtain a Visa to study in the United Kingdom at this School? Yes  No

*If you have answered yes, please provide a colour copy of the child's passport.*

(If home address differs from father's please indicate which is child's address)

**Father's/Legal Guardian's details**

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Tel No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Home E-mail: \_\_\_\_\_  
Connection to Rugby School (if any): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
Business Tel No.: \_\_\_\_\_

**Mother's/Legal Guardian's details**

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Tel No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Home E-mail: \_\_\_\_\_  
Connection to Rugby School (if any): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
Business Tel No.: \_\_\_\_\_

*If parents live abroad please give details below of the guardian in the UK*

Title: \_\_\_\_\_ Home Tel No.: \_\_\_\_\_  
Surname: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
First Name(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**DECLARATION**

I/we request that our child named above is registered as a prospective pupil.

**Please note that if your child is offered a place at Rugby School and you choose to accept this, then all persons with parental responsibility will be expected to accept the place and will be jointly and severally liable for the payment of fees. Any bursary application will be assessed against all persons with parental responsibility.**

Signature of Parent/Legal Guardian (1): \_\_\_\_\_ (2): \_\_\_\_\_  
Names in full (1): \_\_\_\_\_ (2): \_\_\_\_\_  
Relationship to child (1): \_\_\_\_\_ (2): \_\_\_\_\_  
Date: \_\_\_\_\_

A cheque for the non-refundable registration fee of £150, payable to 'Rugby School', should be enclosed together with this completed form and returned to: Admissions Registrar, Admissions Office, Rugby School, Temple House, 1 Barby Road, Rugby CV22 5DW.

Should you wish to pay the registration fee (£150 plus bank charges) by bank transfer, our bank details are as follows:

**Bank:** National Westminster Bank - Rugby Branch - **Account Number:** 49415689 - **Sort Code:** 54-41-00

**Account Name:** Governing Body of Rugby School - **Swift Code:** NWBKGB2L

**IBAN ref:** GB92NWBK54410049415689

Please quote the pupil's name as a reference