



ACCEPTANCE FORM

Please complete this form and return with your acceptance deposit of £500.

Cheques should be made payable to 'Ashford School'

Bank transfer to Barclays Bank, Sort Code: 20-46-50, Account 70307807, IBAN: GB54 BARC 2046 5070 3078 07, SWIFT: BARCGB22

1 SURNAME OF PUPIL:

FIRST NAMES:

(Please underline the name generally used)

Date of Birth: Gender: Boy Girl *(please circle)*

Address where child normally resides:

Post Code:

Nationality: Religion:

Please provide name and address of the present school (with dates) From: To:

Name of Head: Telephone:

Email:

2 NAMES OF ANY SIBLINGS ATTENDING THIS OR ANY OTHER SCHOOL WITHIN THE UNITED LEARNING GROUP
(please specify)

3 ENTRY DETAILS

Type of Place: *(please tick)* Day Pupil Full Boarder Weekly Boarder

Date of Entry	<input type="text"/>	Year Group on Entry	<input type="text"/>
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4 PARENT 1 Full Title and Name:

Previous Name: Relationship to pupil:

Address (if different from above):

Post Code:

Occupation / Place of work:

Home Telephone: Mobile Phone No:

Work Telephone: Email:

5	PARENT 2 Full Title and Name:			
	Previous Name:		Relationship to pupil:	
	Address (if different from overleaf):			
			Post Code:	
	Occupation / Place of work:			
	Home Telephone:		Mobile Phone No:	
	Work Telephone		Email:	

6 DETAILS OF ANY OTHER PERSON HAVING PARENTAL RESPONSIBILITY AND/OR GUARDIAN

Full Title and Name:	
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(Appointed under Section 5 of the Children Act 1989, by the court or by a parent with parental responsibility, or by an existing guardian. This is compulsory for overseas pupils)

Please note: The above named person must sign the declaration in addition to the parents

Address					
				Post Code:	
Occupation / Place of work:					
Home Telephone:		Mobile Phone No:			
Work Telephone		Email:			

7 PERSON TO WHOM THE FEE INVOICE SHOULD BE SENT

Full Title and Name:					
Relationship to pupil:					
Address (if different from overleaf):					
				Post Code:	
Occupation / Place of work:					

Home Telephone:	
Work Telephone	
Mobile Phone No:	

Email for billing purposes

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Signature:

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Full Name:

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Please note: For the avoidance of doubt, all signatories to the declaration are jointly and severally liable for the payment of the fees

DECLARATION

The Declaration must be signed by all persons named in sections 4, 5, 6 and 7

We accept the offer of a place as set out in the Letter of Offer. We have read, agree and understand the Standard Terms and Conditions enclosed, and note that they may undergo reasonable change from time to time as circumstances require.

We understand that a full term's fees (less deposit) are payable if less than one term's written notice is provided of a cancellation of a place, and that in the case of cancellation with notice the deposit will be retained by the school. We are not (jointly or individually) in arrears on the payment of fees or charges owing to our child's current or previous school/placement. We understand that we are jointly and separately liable for the payment of fees, including any extras and any fees in lieu of notice.

We, the parents named overleaf, co-habit/live separately at the address(es) shown overleaf and agree to notify the school immediately of any change of address or family circumstances. All holders of parental responsibility for the pupil have signed this form, and no one else holds parental responsibility for him/her. There are no court orders or parental responsibility agreements in place in respect of the care or living arrangements of our child, or relating to the payment of fees, and any such orders or agreements will be immediately notified to the school and copies provided.

A Medical Declaration in relation to the pupil will be completed, and the school will be provided with all relevant information regarding our child's needs, including copies of any medical or other professional reports or assessments. Our child has not been expelled or removed at the request of another school for misconduct. Any information or circumstance relating to us and/or our child that has been previously notified to the school is and remains complete and accurate, and we will notify the school immediately of any change.

Our child has the right to enter, live and study in the United Kingdom, and if we require the school to sponsor our child as a condition of his/her entry into the UK, we have already notified the school.

The Acceptance Deposit of £500 is enclosed/has been transferred (*delete as appropriate*).

Data Protection

The data controller for personal information held by Ashford School is United Church Schools Trust (UCST). UCST is registered with the Information Commissioner's Office (ICO). The registration number is **Z533407X**. The Data Protection Officer is Steve Whiffen, company.secretary@unitedlearning.org.uk

The School and UCST will obtain, process and hold personal information about you and your child in accordance with the purposes set out in the Standard Terms and Conditions and the School's Privacy Notice, which is available on the School website.

SIGNATURES

PARENT 1 (Section 4)

Full Name: Date:

PARENT 2 (Section 5)

Full Name: Date:

PERSON WITH PARENTAL RESPONSIBILITY / GUARDIAN (Section 6)

Full Name: Date:

PERSON TO WHOM THE INVOICE SHOULD BE SENT (Section 7)

Full Name: Date: