

APPLICATION FORM

Notes: please write in capitals, completing all questions, leaving no blanks. If the answer is none/not applicable, please state. Information contained herein will be shared with appropriate RIC personnel.

Student personal details

| Surname | | | Date of I | birth | Male | Female |
|--------------------------|-------------------------|------------------------|--------------------|--------------------|--------------------|-----------|
| First name/s | | | Preferre | d Pronoun he/him | n she/her | they/them |
| Telephone number | | | Mobile ı | number | | |
| Email address | | | Joining y | ear group | | |
| Date of entry to course |) | | Anticipat | ted leaving date | | |
| Home address (includi | ng postcode) | | | | | |
| Address whilst receiving | ng tuition (if differer | nt from above) | | | | |
| Nationality | | | Visa req | uired YES | NO | |
| | | | | | | |
| Education | | | | | | |
| Previous school/s | | | | | _ | |
| Name of School | | Dates attended | Tel no | | Contact name | |
| I/We consent to Roche | ester Independent C | College contacting the | previous school(s) | to obtain a refere | nce for this stude | ent |
| Examination details - | please attach | | | | | |
| Subject | Level | Exam board | UCI number | Result | Date of exam | m |

| | n at RIC (for GCSE/AS/A leve /ear 13 students should cho | | ts Two vear Δ I ev | rel/Vear 12 students sh | ould choose 4 subjects |
|--|---|------------------|---------------------|-------------------------|------------------------|
| Subject | Level | oose o subject | Subject | Level | ould choose 4 subjects |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Details of any learn | ing needs eg dyslexia | | | | |
| Special arrangemen | nts given in exams eg extra tir | me, laptop, rea | der, scribe etc | | |
| Please send Educa | tional Psychologist report or s | similar from pre | evious school as se | parate attachment | |
| Medical history - de | tails of all medical conditions | or disability | | | |
| Details of current m | edication | | | | |
| Details of allergies a | and how they manifest | | | | |
| Hobbies/interests | | | | | |
| How did you hear a | bout RIC? | | | | |
| Accommodation | | | | | |
| Is accommodation r | required? (all single rooms) | YES | NO | Full Board | Weekly boarding |
| | ristmas, Easter and summer ing accommodation over the I | = | | | • |
| Parent/guardian de First parent/guardia | | | | | |
| Surname | | Title | | | |
| First name | | Date of b | irth | | |
| Address (if different | from student home address) | | | | |
| Occupation | Relationship | to student (Fa | ther/Mother/Other - | please specify) | |



| Daytime telephone number | | Mobile number | | | | |
|--|--|--------------------------------------|--|--|--|--|
| Email address | | | | | | |
| Second parent/guardian (if applicable) | | | | | | |
| Surname | Title | | | | | |
| First name | Date of | birth | | | | |
| Address (if different from student ho | me address) | | | | | |
| Occupation | Relationship to student (Father/Mother/Other - please specify) | | | | | |
| Daytime telephone number | telephone number Mobile number | | | | | |
| Email address | Email address | | | | | |
| Please advise who is legally responsible for the child – mother, father, guardian | | | | | | |
| Please state where correspondence | should be sent | | | | | |
| Emergency contact In the event responsible adult/s cannot be contacted give details of person who can act on their behalf eg grandparent, family friend, agent Name Relationship to student Tel no | | | | | | |
| In the event that we are unable to contact any of the above, do you give permission for the College to approve medical treatment for the student should the need arise? YES NO | | | | | | |
| Financial details | | | | | | |
| Fee payer – if different from the above | | | | | | |
| Surname | Title | | | | | |
| First name | Date of | birth | | | | |
| Address (if different from student home address) | | | | | | |
| Occupation | Relationship to student (F | ather/Mother/Other - please specify) | | | | |
| Daytime telephone number | | Mobile number | | | | |
| Email address | | | | | | |

Please note a credit check may be undertaken

CONSENT AND DECLARATION

Rochester, Kent ME1 1HY

t: 01634 828115 w: www.rochester-college.org.uk

| I understand and agree to abide by the Terms and Conditions of Rochester Independent College | | | | |
|--|---|--|--|--|
| Name of first parent/guardian | | | | |
| Signature | Date | | | |
| Name of second parent/guardian | | | | |
| Signature | Date | | | |
| | | | | |
| If different from the above | | | | |
| Name of fee payer | | | | |
| Signature | Date | | | |
| DEPOSITS Please complete and return this form, together with relevant deposits: | | | | |
| All students - non-refundable registration fee: £295 (payable on registration for international students) Day student deposit: £1,200 Boarding student deposit: £2,500 Our preferred method of payment is by bank transfer to Rochester Independent College Ltd, HSBC UK Bank PLC, 60 Queen Victoria Street, London, EC4N 4TR UK. Sort Code: 40-11-60; Account Number: 50064688 IBAN:GB23HBUK40116050064688 SWIFT/BIC is the same for all HSBC Accounts: HBUKGB4B | | | | |
| Alternative method of payment: debit/credit card (over the telephone via Rochester Independent College Ltd. | a Sagepay) or cheque made payable to | | | |
| To submit this form please save it then email to admissions@rochester Admissions Office Rochester Independent College 254 St Margaret's Banks | -college.org.uk Alternatively please print and post to: | | | |