



REGISTRATION 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 birth

First name/s Male Female

Telephone number Mobile number

Email address Joining year group

Date of entry to course Anticipated leaving date

Home address (including postcode)

Address whilst receiving tuition (if different from above)

Nationality

Visa required YES NO

Education

Previous school/s

Name of School	Dates attended	Tel no	Contact name
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Examination details – please attach

Subject	Level	Exam board	UCI number	Result	Date of exam
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Daytime telephone number

Mobile number

Email address

Second parent/guardian (if applicable)

Surname

Title

First name

Date of birth

Address (if different from student home address)

Occupation

Relationship to student (Father/Mother/Other - please specify)

Daytime telephone number

Mobile number

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 (Father/Mother/Other - please specify)

Daytime telephone number

Mobile number

Email address

Please note a credit check may be undertaken

CONSENT AND DECLARATION

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 deposit:

Day student total £1,450 (£1,000 tuition, £200 damage, £250 non-refundable registration fee)

Boarding student total £1,750 (£1,000 tuition, £500 damage, £250 non-refundable registration fee)

Our preferred method of payment is by bank transfer to account HSBC - Sort Code: 401160; Account Number: 50064688

IBAN: GB23HBUK40116050064688; SWIFT is the same for all HSBC Accounts: HBUKGB4194R

Alternative method of payment: debit/credit card (over the telephone via Sagepay) or cheque made payable to RIC Trading Ltd.

To submit this form please save it then email to admissions@rochester-college.org. Alternatively please print and post to:

The Admissions Officer

Rochester Independent College

35 Star Hill Rochester ME1 1XF

t : 01634 828115

w : www.rochester-college.org