

REGISTRATION FORM

Student personal details

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.

Surname			Date of bi	rth	
First name/s			Male	Female	
Telephone number			Mobile nu	umber	
Email address			Joining ye	ear group	
Date of entry to course			Anticipate	ed leaving date	
Home address (including	ng postcode)				
Address whilst receivin	g tuition (if different	from above)			
Nationality					
Visa required YES	NO				
Education Previous school/s Name of School		Dates attended	Tel no		Contact name
Examination details – p	olease attach				
Subject	Level	Exam board	UCI number	Result	Date of exam

	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 subjec	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 applicate	ole)			
Surname	Title			
First name	Date of birth			
Address (if different from student ho	me address)			
Occupation	Relationship to s	tudent (Father/Mother/Other - please specify)		
Daytime telephone number		Mobile number		
Email address				
Please advise who is legally respons	sible for the child – mother	, father, guardian		
Please state where correspondence	should be sent			
Emergency contact In the event responsible adult/s cannot Name	ot be contacted give details on Relationship to st	of person who can act on their behalf eg grandparent, family friend, agent tudent Tel no		
In the event that we are unable to co the student should the need arise?	ontact any of the above, do	you give permission for the College to approve medical treatment for		
Financial details				
Fee payer – if different from the abo	ve			
Surname	Title			
First name	Date of	birth		
Address (if different from student ho	me 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 Independent College 35 Star Hill Rochester ME1 1XF

w:www.rochester-college.org

t: 01634 828115

i understand and agree to abide by the Tei	rms and Conditions of Hochester 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
Boarding student total £1,750 (£1,000 tuition, Our preferred method of payment is by bank	er with relevant deposit: O damage, £250 non-refundable registration fee) £500 damage, £250 non-refundable registration fee) transfer to account HSBC - Sort Code: 401160; Account Number: 50064688 is the same for all HSBC Accounts: HBUKGB4194R
Alternative method of payment: debit/credit ca	ard (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: