

SIXTH FORM APPLICATION FORM

ABOUT THE PUPIL

Surname	<input type="text"/>	First Names	<input type="text"/>
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Religion	<input type="text"/>
	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Self describe		<input type="text"/>

PROPOSED DATE OF ADMISSION

Autumn Term Spring Term Summer Term Year 202

FEE OPTION

Day Pupil Full Boarder Weekly Boarder (5 nights) Weekly Boarder (4 nights)

Weekly Boarder (3 nights) Weekly Boarder (2 nights) Weekly Boarder (1 night)

DETAILS OF PARENTS/CARERS

Surname	<input type="text"/>	Surname	<input type="text"/>
First Names	<input type="text"/>	First Names	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Home Tel	<input type="text"/>	Home Tel	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Work Tel	<input type="text"/>	Work Tel	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Relationship to Child	<input type="text"/>	Relationship to Child	<input type="text"/>

Main address for correspondence (If not joint address, please indicate)

Does anyone else have parental responsibilities for your child? Yes No If 'Yes' please provide details:

PLEASE ENSURE THAT ALL NAMED INDIVIDUALS WITH PARENTAL RESPONSIBILITIES SIGN THE BACK OF THIS FORM.

Name and address of Guardian in UK if appropriate (Note: all pupils whose parents live outside the UK are required to have a named Guardian in the UK before they start school).

PUPIL'S PRESENT SCHOOL DETAILS

Name and address of pupil's present school

All offers are dependent upon a satisfactory confidential reference from your child's present school. Please indicate whether you agree to our contacting the school at this stage:

Yes No

MEDICAL CONDITIONS

Does your child have any particular medical requirements?

Yes

No

If 'Yes' please specify:

Please indicate any medication currently being taken by your child or that has been taken for a period of more than four weeks during the last three years:

Does your child have a disability for which we need to make special provisions?

Yes

No

If 'Yes' please specify:

Has your child ever seen an outside professional such as an occupational therapist, speech and language therapist, educational psychologist, specialist optometrist, audiologist, paediatrician etc?

Yes

No

If 'Yes' please give brief details and supply copies of their reports:

Has your child ever had an Individual Education Plan (IEP), Statement of Educational Needs or Education Health Care Plan (EHC)?

Yes

No

If 'Yes' please supply a copy.

Are there or have there ever been any Child Protection/Safeguarding concerns or issues that we should be aware of?

Yes

No

If 'Yes' please specify on separate sheet.

ADDITIONAL INFORMATION

Please indicate where you first heard about Sibford School:

APPLICATION

I hereby apply for the admission of _____ to Sibford School. If the child is offered a place, and I wish to accept the offer, I will do so within 14 days of receipt of the offer letter. Failure to formally accept the offer could result in the school offering the place to another child. Acceptance of the offer will result in there being an agreement between myself and the School, governed by English Law, on the following terms:

1. That I will;

(a) Pay the School, no later than three working days prior to the beginning of term, the fees as determined by the School Committee.

(b) Give the School in writing one clear term's notice of intention to withdraw the child from the School or pay the term's fees in lieu of notice. Such written notice to be acknowledged by the School.

(c) Pay the term's fees if the child does not start at the School.

(d) Pay the fees for any extra curriculum lessons (eg additional music lessons) arranged at my request, and give a full term's notice of any alterations in the arrangement for such lessons, or pay any fees incurred by the School if such notice has not been given.

2. That the Head may, on behalf of the School, require the child to return home or temporarily close the School if senior management consider this to be necessary, and I acknowledge that I shall not be entitled to any rebate of fees.

3. That the School shall make all necessary arrangements for the child to receive medical attention as and when necessary.

Name and address of person to whom account should be sent if different from that detailed overleaf:

Signature of person to whom account to be sent:

Print name

Are there any special circumstances applicable to the applicant, such as a court order, of which the school should be aware?

Yes

No

If 'Yes' please give details:

Please confirm that all financial obligations to any other independent school your child has ever attended have been discharged.

Signature of Parent or Guardian:

Date:

Signature of named Parent / Guardian 2:

Date:

Signature of named Parent / Guardian 3:

Date:

This form should be returned to the admissions office by email: admissions@sibfordschool.co.uk or by post: Sibford School, Sibford Ferris, Banbury, Oxfordshire, OX15 5QL accompanied by a registration fee of £100 (paid to Sibford School Ltd, sort code: 23-85-85, account number: 26774108), two passport-sized photographs and a recent school report, (if not already submitted).