



PUPIL REGISTRATION

INTERNATIONAL STUDENT PROGRAMME (ISP) - SIXTH FORM

Please complete in **BLOCK CAPITALS**

PERSONAL DETAILS

Forename					Surname	
Middle Names					Preferred Name	
Gender	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Date of Birth	DD / MM / YYYY
Nationality					Ethnicity	
Religion					Language(s)	
Resident Country					Current School	
Academic Year	YYYY				Date Started	DD / MM / YYYY

CONTACTS

PARENTS/LEGAL GUARDIANS

MOTHER/LEGAL GUARDIAN 1

FATHER/LEGAL GUARDIAN 2

Title	Miss/Mrs/Ms/Mr/Dr/Other:	Title	Miss/Mrs/Ms/Mr/Dr/Other:
Forename		Forename	
Surname		Surname	
Email Address		Email Address	
Home Phone		Home Phone	
Mobile		Mobile	
Work Phone		Work Phone	
<i>Pupil Home Address</i>	<input type="checkbox"/>	<i>Pupil Home Address</i>	<input type="checkbox"/>
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
Town		Town	
County		County	
Post Code		Post Code	
Country		Country	

SCHOOL

Have you visited the School before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	DD / MM / YYYY
Have you received an ISP booklet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	DD / MM / YYYY
Have you had an interview with Dr Gould?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	DD / MM / YYYY

We provide personalised learning to all our pupils. It is therefore helpful to understand any specific educational and/or medical needs our prospective pupils may have. Please provide brief details below.

REGISTRATION

I/We wish to register my/our child as a potential pupil from

Starting Date:	DD / MM / YYYY	To End Date:	DD / MM / YYYY
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I have transferred a registration fee of £500 with BACS (with the details provided below)	<input type="checkbox"/>
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BACS BANK TRANSFER DETAILS:

Bank Account Number	83206140
Sort Code	60 01 13
Reference	Please transfer with pupil's name
BIC	NWBK GB2L
IBAN	GB44 NWBK 6001 1383 2061 40
Branch	National Westminster Bank plc. Alton Branch, Alton, Hampshire, GU34 1BF

Please make sure that the bank transfer fees are not deducted from the £500 deposit.

Who will be responsible for paying school fees?	
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Signed:

Mother/Guardian 1		Date	DD / MM / YYYY
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Father/Guardian 2		Date	DD / MM / YYYY
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Please return Registration Form to:

Mrs Pigott

Admissions Registrar

Alton School
Anstey Lane
Alton
Hampshire
GU34 2NG

OFFICIAL USE ONLY	
Interview Date	DD / MM / YYYY
Fee Received	<input type="checkbox"/>
References Received	<input type="checkbox"/>
English Reference Received	<input type="checkbox"/>
Date of Offer Given	DD / MM / YYYY

01420 82070

www.altonschool.co.uk

admissions@altonschool.co.uk

DATA COLLECTION FORM

INTERNATIONAL STUDENT PROGRAMME (ISP) - SIXTH FORM

ENGLISH LANGUAGE

WHAT IS YOUR CURRENT LEVEL OF ENGLISH?

- | | | |
|--------------------------|-----------|--|
| <input type="checkbox"/> | B1 | Intermediate Level: I can understand the gist of a range of authentic passages in familiar contexts |
| <input type="checkbox"/> | B2 | Advanced Level: I can understand the main points of authentic spoken passages and conversations in a range of different contexts |

WHICH LEVEL OF ENGLISH OR IELTS BAND ARE YOU ASPIRING TO ACHIEVE?

- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Bridging B1/B2 | IELTS Intermediate: Bands 4.0-5.5 |
| <input type="checkbox"/> | B2 | IELTS Upper-Intermediate for stronger students at level B2: Bands 5.5-6.5 |

ACADEMIC QUALIFICATIONS

PLEASE LIST ALL ACADEMIC QUALIFICATIONS YOU HAVE TAKEN SO FAR

QUALIFICATION	GRADE

PLEASE LIST ALL ACADEMIC QUALIFICATIONS YOU STILL HAVE TO TAKE

PLEASE LIST ANY SUBJECTS YOU WOULD BE INTERESTED IN STUDYING DURING YOUR STAY

PLEASE TELL US ABOUT YOURSELF AND WHY YOU WOULD LIKE TO STUDY IN THE ISP?

REFERENCES

Please provide contact details for two referees. One of whom should be your current English teacher.

Title	Name	Title	Name
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
Town		Town	
County		County	
Post Code		Post Code	
Country		Country	
Phone		Phone	
Email Address		Email Address	

HEALTH DETAILS

Please provide details of any medical conditions which the school should be aware of.

Medical Notes Allergies, medical conditions, prescribed medication, etc...			
Have you received any medical treatment in the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details			

APPLICATION FOR ACCOMMODATION

Would you prefer to be in a family with children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would you prefer to be the only visiting student in a family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you need to practise your religion regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you allergic to any animals/pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details			
Do you have any special dietary requirements or food allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details			
What are your hobbies and interests?			
Details			

IDENTIFICATION

Passport Number	
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Please attach a copy of your passport.

DATA PROTECTION ACT

The School is registered under the Data Protection Act 1998 for holding personal data. The School has a duty to protect this information and to keep it up to date. The School is required to share some of this data with the Local Authority and the Department For Education.

DECLARATION

I/We declare that all information on this questionnaire is correct to the best of my/our knowledge. I/We understand that any deliberately misleading information may cause a withdrawal of the offer.

Signed

Mother/Guardian 1		Date	DD / MM / YYYY
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Father/Guardian 2		Date	DD / MM / YYYY
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