



RGS
WORCESTER

FORM OF REGISTRATION FOR ADMISSION TO RGS SENIOR SCHOOL

Please complete this form and return it with your fee to the Registrar, RGS Worcester, Upper Tything, Worcester, WR1 1HP *(to be completed by parent or guardian)*

Proposed date of entry: - Month: _____ Year: 20_____

Into Year Group: _____

Child's Forename(s): _____ Child's Surname: _____

Known as: _____ Date of Birth: _____

Gender: _____

Name and address of current school: _____

I would like to request further information about Scholarships for:

Art: Drama: Music: Sport: DT/Textiles: Sixth Form Academic Scholarship:

Means-tested Bursary Awards:

All candidates sitting the 11+ and 13+ Examinations are automatically considered for an Academic Scholarship.

Sibling currently at RGS: Yes: No Sibling former pupil of RGS: Yes: No

Any previous RGS/AOS association: Yes: No:

SIXTH FORM APPLICANTS TO COMPLETE THIS SECTION

Subjects already taken at GCSE, with grade:	Subjects to be taken at GCSE:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposed A Level Course. Pupils ordinarily study three subjects during the Lower Sixth. However, in exceptional circumstances students can study four subjects.

Pupils should choose three A Level subjects from the list below. The presentation of the list below does not constitute option columns. Most groupings of subjects will be possible, but this can never be guaranteed.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Fine Art | <input type="checkbox"/> Design and Technology | <input type="checkbox"/> Latin | <input type="checkbox"/> Religious Studies |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Economics | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Business | <input type="checkbox"/> English Literature | <input type="checkbox"/> Further Maths | <input type="checkbox"/> Textile Design |
| <input type="checkbox"/> Classical Civilisation | <input type="checkbox"/> French | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Geography | <input type="checkbox"/> Physical Education | <input type="checkbox"/> BTEC Sport |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> German | <input type="checkbox"/> Physics | |
| <input type="checkbox"/> Drama and Theatre Studies | <input type="checkbox"/> History | <input type="checkbox"/> Politics | |

DECLARATION TO BE COMPLETED FOR ALL APPLICANTS

We request that the above-named child be registered as a prospective pupil and we enclose a cheque for the non-refundable Registration Fee, currently £45.00. Cheques should be made payable to RGS Worcester or payment can be made by BACS transfer to Account number: 00054173 Sort Code: 30 99 90.

We understand that:

1. Registration of our child as a prospective pupil does not secure our child a place at the School but does ensure that our child will be considered for selection as a pupil at the School.
2. We request that the School process personal data about us and our child, including sensitive personal data such as medical details, for the purpose of administering its list of prospective pupils and administering its selection procedures. We understand that the processing of personal data about us and our child, including sensitive personal data, is necessary for these purposes. This will include the School requesting and obtaining a report from our child's current school as part of the School's selection procedures. Further information about how we collect, use and protect personal data can be found in the Privacy Notice available on the School's website.
3. In the event that our child is offered a place at the School, such an offer will be subject to the School's Terms and Conditions for the provision of educational services, which will bind us in the event that we accept the place, upon signing the contract and agreeing to the School's Terms and Conditions.
4. Any false or misleading information will permit the School to withdraw the offer of a place and/or terminate the contract.

First Signature:

Second Signature:

Date:

Date:

Parent/Guardian

Parent/Guardian

Relationship to Child

Relationship to Child

Title:

Title:

Full Name:

Full Name:

Address:

Address:

Postcode:

Postcode:

Telephone (Home):

Telephone (Home):

(Work):

(Work):

(Mobile):

(Mobile):

Email:

Email:

Occupation:

Occupation:

Company Name:

Company Name:

Child's home address

Child's home address

If the addresses of PARENT/GUARDIANS are different please tick one box to indicate pupil's home address:

Are there any circumstances relating to your child of which the School should be aware? Please tick as appropriate:

ADHD: Asperger Syndrome: Dyslexia: Dyspraxia: Hearing impairment: Visual impairment:

(Please enclose the most recent Educational Psychologist's report, if you have one)

Allergies:

Other:

After your child has been registered, and before the entrance procedure a report will be requested from their present school.