

Registration Form

One form should be completed for each pupil and returned to the Registrar with the Registration Fee of £75 per child.
Please note that both parents must sign this form.

Pupil's Personal information

Surname _____

Full forename(s) (Please underline name normally used) _____

Date of birth _____ Religion _____

Gender _____

Parents' Nationality and First Language _____

Parents' Names (giving titles and initials). If separated, please state here and give additional contact details

Father's Contact Details

Mother's Contact Details (if different)

Tel: Day _____ Eve _____

Tel: Day _____ Eve _____

Mobile _____

Mobile _____

Email _____

Email _____

Father's Occupation (Please state the nature of your occupation) _____

Mother's Occupation (Please state the nature of your occupation) _____

Is either parent currently a member of HM Armed Forces? Yes No

UK Bank name and address (non UK residents only) _____

If an Old Cheltonian, House and dates at College _____

Please give the names of other members of the family attending College or registered for entry

Present school _____

Head's name _____

School address _____

School Telephone Number _____

Have you registered, or do you intend to register, at any other school? Yes No

If yes, please state the name of the school _____

Entry level: Year 9 (13+) Year 10 (14+) Year 12 (16+)

Year of entry: September _____

Entry required as: a Boarder / Day Boarder / Day _____

In order to maintain similar numbers in all Houses, College reserves the right to allocate pupils to Houses. However, if you have a preference for a particular House, this may be stated below. Please also indicate a second choice of House. We will endeavour to meet your preference, wherever possible, but cannot guarantee it.

Please tick / complete as appropriate:

No House preference 1st preferred House _____ 2nd preferred House _____

Scholarships (13+ and 16+ only)

Are you interested in receiving further information about one of our awards? If so, please indicate type:

Academic Sport Music
 Art Design Technology All-round Potential (13+ only)

General health

Are there any significant health problems, medical conditions, or allergies of which College should be aware?
Are any treatments required?

Up-to-date details will be requested by the College Medical Centre shortly before entry.

Special circumstances

Please inform us if necessary in a covering letter if there is any further information you feel that Cheltenham College ought to know, including any learning difficulties, special educational or medical needs.

Helpful information

Please state what first made you consider Cheltenham College for your son or daughter. (Please tick)

Current parents' recommendation Present school's recommendation
 Old Cheltonian's recommendation Advertisement. Please state publication _____
 Other. Please state _____

Declaration by parent or guardians (Both parents must sign this form)

We accept the terms and conditions for registration and admission, a copy of which can be found on our website www.cheltcoll.gloucs.sch.uk

Signed _____ Signed _____

Print Name _____ Print Name _____

Date _____ Date _____

Please return the completed form to the Registrar, Cheltenham College, Bath Road, Cheltenham, Gloucestershire, GL53 7LD, together with the registration fee of £75. This fee is non-refundable.