



# ABBHEY COLLEGE IN MALVERN

abbeycollege.co.uk

## APPLICATION FOR ADMISSION – DAY STUDENT

Note: This form is NOT for Vacation/Summer Course applicants, who should ask for our SEPARATE application form.

Please write clearly in block capital letters and keep a copy for your records. Once completed, please send together with:

- the Application Fee (see fees list)
- two passport-style photographs of the applicant (or a scanned version)
- copies of examination certificates and school transcripts / reports / results / extra-curricular profile (or most recent documents if the applicant has left school)
- any supplementary letters or statements you may wish to submit
- a copy of the applicant's passport data page and birth certificate

### SECTION 1: DETAILS OF THE APPLICANT (To be completed by all applicants)

Family Name: \_\_\_\_\_ All other Names: \_\_\_\_\_

Date of Birth (Day/Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_ Male  Female  Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Passport No: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail \_\_\_\_\_

Address for correspondence, reports and fees payment (if different): \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Who will be responsible for paying fees? Please state relationship to student: \_\_\_\_\_

Where did you hear about Abbey College from? \_\_\_\_\_

### SECTION 2: DETAILS OF PARENT/ GUARDIAN

Full Name of First Parent(s) or Guardian: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Name of second Parent or Guardian: \_\_\_\_\_

Full Home Address: (If different to above) \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION 3: PROPOSED COURSE AND DATES** (To be completed by all applicants). Please see the Fees List sheet for Course Dates.

Which course would you like to study? 1) IGCSE  2) 'A'/'AS' Level

Academic students - please state which subject/subjects you would like to study. Please refer to the main brochure for a list of subjects and other details. For IGCSEs choose nine subjects and for A Levels choose 3 or 4 subjects

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**SECTION 4: DETAILS OF ACADEMIC RECORD AND QUALIFICATIONS**

Name of present School: \_\_\_\_\_

Name of Head: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Tel/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Attendance from: \_\_\_\_\_ (date) Attendance to: \_\_\_\_\_ (date)

EXAMINATIONS ALREADY TAKEN AND TO BE TAKEN - Please use separate sheet to give exam results and enclose copies of certificates obtained. Include any important Predicted/Forecast results, as well as significant extra-curricular awards.

**SECTION 5: UNIVERSITY/CAREER AIMS**

If you know, please tell us your aim in taking an Academic course at Abbey College. If it is to go to university, please state what you would like to study. If it is to obtain a certain job, please state which one: \_\_\_\_\_

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**SECTION 6: INSURANCE**

All students on these courses are required to have adequate insurance cover. The College is not responsible for **ANY** loss or damage, however caused. Day students must arrange their own insurance.

**SECTION 8: FEES PAYMENT DETAILS**

Please state by what date – and by which method of payment – the full fees will be paid by: \_\_\_\_\_

**All Academic Students:**

How do you wish to pay your fees: Yearly  In two Instalments

**SECTION 9: DECLARATION BY PARENT/GUARDIAN OR SPONSOR** (To be completed by all applicants)

I apply to enrol the student named in Section 1 of this form and agree that he/she will obey the rules and regulations governing the conduct of students at Abbey College. I undertake to pay all fees and charges on or before the date on which they become due and hereby give permission for the student to participate in the full range of sports and social activities offered at Abbey College. I agree for the College's dedicated staff member to administer any injections and medicines he/she may consider necessary or desirable and to authorise any emergency medical treatment. I understand that all medication must be deposited with the dedicated staff member on arrival. Students and parents agree that a student's image, details, written comments and achievements can be used for promotional purposes without written consent or notification, and that he/she may be added (free of charge) to the college's alumni association. I have read and fully understood the latest terms and conditions of the college on the college website, and in particular all rules governing withdrawal and cancellation.

FULL NAME OF PERSON SIGNING: \_\_\_\_\_ (Parent/Guardian)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDITIONAL SIGNATURE BY STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_