



Ellesmere
Co-ed 7-18 Day and Boarding

PHOTOGRAPH

Please email a recent head and shoulders image of the applicant via email in jpeg, png or pdf – or attach to this form.

Acceptance Form

| | |
|----------------------|--|
| <i>Child's Name:</i> | |
|----------------------|--|

Please complete this form in full, including your signature on Page 6, and return it either by post or email to the address below as soon as possible, enclosing the following documents:

- The Medical Form (in the separate envelope attached).
- A copy of your child's most recent school report.
- The deposit of £200 to guarantee a place by cheque or on-line: [Click Here.](#) (this is refunded against the first term's fees.)
- If you wish to pay by Direct Debit - please complete and sign the form on **Page 11** and post to the address below.

Terms and Conditions and School Rules are enclosed with the booklet.
These are for you to keep.

Please note it is College policy to move to a system of communication which is electronic, in the interests of efficiency and environmental awareness. It is important therefore that the email address provided is a secure and private one as it may be used for confidential communications.

Please return to:

Email: admissions@ellesmere.com

Post To:

The Registrar
Priority Acceptance Form
Ellesmere College
Ellesmere
Shropshire
SY12 9AB

| Pupil Details (BLOCK CAPITALS) | | | |
|---|--|------------------------|---------------------------|
| Surname (As shown on Passport) | | Sex | Male: Female: |
| First Names (As shown on Passport) | | Preferred Name | |
| Date of Birth | | Place of Birth | |
| Nationality | | First Language | |
| Proposed month and year of entry | | Boarding Status | |

I / We accept the place which has been offered to us for my / our child (named above), on the terms of:

- the letter containing that offer together with any Scholarship and Award Conditions attached
- this Acceptance Form
- the College's Terms and Conditions, enclosed with the offer letter
- the College's fees list, as varied from time to time.

I / We acknowledge receipt of a copy of the current College rules which I / we have read and have drawn to my / our child's attention.

Cancellation rights

I / We understand that I/we may cancel this agreement at any time within 14 days of the day following the date of this acceptance form only if the offer is made and accepted entirely at distance by means of post, fax or electronic communication.

Immigration status

Where applicable I / we enclose a copy of my/our child's passport and immigration status documentation confirming his / her right to enter the United Kingdom and study at the College. Where he / she holds a dependent visa, I / we also enclose a copy of my / our passport(s) and immigration status documentation confirming my / our right to enter and live in the United Kingdom. Please see clauses 3.5 and 9.16 in the College's Terms and Conditions.

Declarations by the signatories to this acceptance form I / We declare as individuals and jointly that:

1 Terms and conditions: Before signing this acceptance form I / we have read and understood and I / we agree to the College's Terms and Conditions and, where appropriate, the Conditions of Award of a bursary or scholarship, which will undergo reasonable change from time to time. I / We have retained a copy of the College's Terms and Conditions with our records.

2 Discipline and Behaviour: I / We agree to support the College on matters of discipline and behaviour and to conform to the rules of the College.

3 Disclosures: I / We have already provided and will continue to provide details of any medical condition, health problem or allergy affecting my / our child; any learning difficulty, disability, or special educational need of my / our child, as well as any behavioural, emotional and / or social difficulty of my / our child (for example dyslexia, dyspraxia, attention deficit disorder, visual or hearing impairment or any condition requiring use of a wheelchair). I / We attach in confidence details of any relevant information received since my / our previous disclosure.

4 Medical matters: I / We will complete in confidence the College's Medical Information and Consent Form and will continue to provide all relevant information about any medical condition, health problem, or allergy which affects my / our child and / or which may prevent my / our child from taking a full part in the College's academic and games or sports curriculum, outdoor activities and educational visits or if my / our child has been in contact with anyone with an infectious or contagious disease.

5 Activities: I / We agree to our child taking a full part in the College's academic and games/sports curriculum and outdoor activities and undertake to inform the College of medical or other conditions which may, from time to time, inhibit the involvement of the pupil.

6 Court orders: Where I am / we are separated or divorced, I / we have informed the College of this. I / We have also disclosed all court orders or criminal proceedings in relation to my / our child and all court orders, criminal proceedings, statutory demands or bankruptcy petitions relating to either parent (including any court orders relating to financial matters). I / We will disclose any subsequent court orders, criminal proceedings, statutory demands or bankruptcy petitions to the College.

7 Parental responsibility: I / We both have parental responsibility (i.e. legal responsibility) for the child named above. * I / We confirm that no other person's consent is required for the child to attend the College, OR * I / We have disclosed written consent to the child joining the College from all others with parental responsibility for the child. (* Please delete as appropriate.)

If any person signing this acceptance form does not have parental responsibility for the child please provide a brief written explanation of the relationship between that person and the child together with the name(s) of all others with parental responsibility for the child.

8 Current and previous schools: I / We confirm that fees payable to my / our child's current and any previous schools have been paid or will be paid in full before my / our child enters the College. Except as disclosed in a confidential letter attached to this acceptance form, my / our child has not been withdrawn from or been asked to leave another school because of misconduct and is not under investigation and has not been convicted of any criminal offence.

9 College fees: I / We understand that the College may at any time make enquiries of my / our child's current or previous School(s) for confirmation that all sums due and owing to such School(s) have been paid. I / We understand that the College may inform any other School or educational establishment to which I / we propose sending my / our child if any Fees of this College are unpaid. I / We also understand that the College may make reasonable enquiries of relevant third parties (for example credit reference agencies) about my / our financial means in appropriate circumstances.

10 Cancellation or Withdrawal: Except where the cancellation rights described above apply or where otherwise provided in the College's Terms and Conditions I / we will not cancel my / our acceptance of this place or withdraw my / our child from the College without first giving a Term's Written Notice or paying a Term's Fees in accordance with the College's Terms and Conditions. Please see Section 9 of the College's Terms and Conditions for further information about Notice, Cancellation and Withdrawal.

11 Documents: I / We confirm that before signing this acceptance form, I / we have seen or had an opportunity to see all the documents referred to in the College's Terms and Conditions; s including the e-Safety IT Policy Education Guardianship Policy; Misuse of Drugs and Substances Policy; Behaviour and Disciplinary Policy; the Parents' Handbook; the School Rules and Regulations and Health and Medical Matters.

12 Confirmation of declarations: I / We confirm that the declarations made on this acceptance form are true and that I / we have disclosed all information required in the declarations. I / we understand and agree that the College has the right to terminate this contract for educational services immediately if any declaration is found to be untrue.

Authorities given by the signatories to this acceptance form

I / We give the following express authorities on behalf of myself / ourselves and (so far as I am / we are entitled to do so) on behalf of my / our child.

13 Commencement of services: I / We consent to the College providing educational services to my / our child if he / she starts as a pupil at the College within 14 days of the date of this acceptance form.

14 Immigration arrangements: Where my / our child is sponsored by the College under Tier 4 of the Points Based System for Immigration I / we consent to the arrangements for my / our child's visa application, travel, reception and care arrangements in the United Kingdom.

15 Educational visits: I / We consent to my / our child taking part in College trips and activities that are necessary as part of their education which may take place off College premises while he / she is a pupil at the College and understand that such activities, costing less than £50, will be charged to our account in arrears.

16 Activities: I / We consent to our child taking part in the College's weekly activity programme, which may include membership of the College's CCF, Duke of Edinburgh Award Scheme or other activities and the associated expeditions, that may involve being out overnight. (For this programme there is a standing charge of £30 to £60 per term depending on the age of your child. This covers additional expert tutors and instructors, specialist equipment, 'off-site' facility hire and transport. Occasionally there is a supplementary charge for specific trips, which you would be informed of in advance.)

17 Transport: I / We consent to the Pupil travelling by any form of public transport and / or in a motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type.

How we use your information (In-line with the Data Protection Act 1998 and GDPR 2018)

- For more information about how the College will use your information, and your child's information, please see our pupil privacy notice and our parent privacy notice.
- Key information from our parent privacy notice and our pupil privacy notice is enclosed with offer letter and the full notices are published on the College's website: www.ellesmere.com
- If your child is going to enter Year 7 or above, he / she has the maturity to exercise his / her own data protection rights. Therefore, please show him / her a copy of the pupil privacy notice and discuss it with him / her.

Signatures

I / We have paid by bank transfer * / credit card * / debit card * £200 being the Guarantee Deposit which will be held without payment of interest in the general account of the College in accordance with the College's Terms and Conditions referred to above. (*Please delete as applicable)

| Parent Details | | | |
|--|--|---|--|
| First Signatory | | Second Signatory | |
| Title (e.g. Mr, Mrs Ms) | | Title (e.g. Mr, Mrs Ms) | |
| Forename | | Forename | |
| Surname | | Surname | |
| Address | | Address | |
| Postcode | | Postcode | |
| Tel (Day) | | Tel (Day) | |
| Tel (Evening) | | Tel (Evening) | |
| Email Address | | Email Address | |
| Occupation | | Occupation | |
| Relationship to child | | Relationship to child | |
| Employers name and address | | Employers name and address | |
| Marital Status | Married <input type="checkbox"/> | Partners <input type="checkbox"/> | Separated <input type="checkbox"/> |
| | | | Divorced <input type="checkbox"/> |
| If parents have different addresses – please indicate child's primary residence | | | |

| | | | |
|--------------------------|--|--------------------------|--|
| Contact For (Y/N) | Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact For (Y/N) | Parental Responsibility <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Correspondence <input type="checkbox"/> Yes <input type="checkbox"/> No | | Correspondence <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Accounts / Finance <input type="checkbox"/> Yes <input type="checkbox"/> No | | Accounts / Finance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Pupil Reports <input type="checkbox"/> Yes <input type="checkbox"/> No | | Pupil Reports <input type="checkbox"/> Yes <input type="checkbox"/> No |

How do you wish to pay for your School Fees? Please Indicate

| | | | |
|--|---|---|---|
| Direct Debit <input type="checkbox"/> | Bank Transfer <input type="checkbox"/> | Debit/Credit Card <input type="checkbox"/> | Fees in Advance <input type="checkbox"/> |
|--|---|---|---|

Special Instructions:

Note: Correspondence, accounts and reports will be sent to the home address or preferred email unless special instructions are given below. Changes of address and telephone numbers, whether temporary or permanent, should be notified to the Headmaster's Secretary immediately.

Special Instructions Concerning Accounts or Correspondence:

| | | | |
|--------------------------------|--|--------------------------------|--|
| Signature (hand signed) | | Signature (hand signed) | |
| Date | | Date | |

Emergency contact or guardian contact information

If only one person is to sign this acceptance form or you have a Guardian, the College requires you to complete the details below for a second person, or the Guardian who You authorise Us to contact in an emergency.

By signing this acceptance form you confirm that the second emergency contact/or Guardian has agreed to act in that capacity.

As part of UKVI requirements, we will need to have confirmation of the residential status of the guardian. *(Photocopy of the passport details page will be required).*

| Emergency Contact | | | |
|-----------------------------------|--------------------------------|-------------------------------|-----------------------------|
| Title (e.g. Mr, Mrs Ms) | | | |
| Forename | | | |
| Surname | | | |
| Address | | | |
| Postcode | | | |
| Tel (Day) | | | |
| Tel (Evening) | | | |
| Date of Birth | | Place of Birth | |
| Nationality | | Religious Denomination | |
| First Language | | Passport number | |
| Email Address | | | |
| Occupation | | | |
| Passport number | | | |
| Relationship to child | | | |
| Employers name and address | | | |
| Contact For (Y/N) | | | |
| | Parental Responsibility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Correspondence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Accounts / Finance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Pupil Reports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

By completing and returning this Acceptance Form I We confirm that I / We are entering into a contract with the College from the date this Acceptance form is dated.

Please return this form and the completed Medical Form to the Admissions Registrar together with a confidential letter and addressed to the Head if there are any matters of which we ought to be aware before your child enters the College, or once here.

For Office Use: To be Completed by Admissions Department

| | | | |
|--------------------|--|----------------|--|
| Forename(s) | | Surname | |
|--------------------|--|----------------|--|

| | | | | | |
|----------------------|------------------------------|----------------------|----------------|----------------------------|---|
| Date of Birth | | Sex: | | Boarding Status | |
| Starting Term | Michaelmas Lent Summer | Starting Year | 20..... | Academic Year Group | 3 / 4 / 5 / 6 / 7 / 8 9 / 10 / 11 12 / 13 |

| | |
|---------------------------------------|--|
| Academic Course | |
| Agent (If applicable) | |
| Membership of a Sports Academy | |

| |
|-------------------------------|
| Background Information |
| |

| Checklist | | | |
|--|--|---------------------------|--|
| Completed forms with two signatures | | | |
| Medical Forms completed | | Sent to sisters | |
| School Reports enclosed | | Or to be chased | |
| School Reference enclosed | | Or to be chased | |
| Visa / CAS completed | | Or being processed | |
| Agent details received | | Or to follow | |
| Guardian details received | | Or to follow | |
| Remission Offered | | | |
| Subject Options | | Or to be chased | |
| Buses Required | | | |

| Distribution | | | | |
|---|-------------|--|--------------------|--|
| Copies sent to Finance | Date | | Actioned by | |
| Copies sent to DHA and Reception | Date | | Actioned by | |
| Copies sent to DHP | Date | | Actioned by | |
| File to HM Secretary | Date | | Actioned by | |
| Copies to HoLMS | Date | | Actioned by | |

Please indicate how you first heard of Ellesmere College

| | |
|---------------------------|--|
| <i>Local reputation</i> | |
| <i>Recommendation</i> | |
| <i>Magazines</i> | |
| <i>Digital platforms</i> | |
| <i>Family and friends</i> | |
| <i>Other</i> | |

