



27 QUEEN SQUARE · BATH · BA1 2HX
 TELEPHONE: 01225 334577
 Email : admissions@bathacademy.co.uk
 Website: <http://www.bathacademy.co.uk>
 Sponsor Licence Number: **5XAG725A3**

International Student Registration Form

Please attach
a recent
photograph

Please complete all sections using black ink and BLOCK CAPITALS:

Pupil's surname: Male / Female (please circle)
 Legal Forename (s): Preferred Name:
 Date of Birth (dd/mm/yy): Place of Birth:
 Nationality: First Language Spoken:
 Passport Number Religious denomination (optional):.....
 Start Date: Boarding or Day entry:

Pupil's home address:

.....

Pupil's Telephone Number..... Pupil's Email:.....

Father's name:

Title:.....**Forename(s):**.....**Surname:**.....

Address:.....

Occupation: **Nationality:**

Employer's business name and address:

Telephone (work): **Marital Status:**

Telephone (home): **Fax number:**.....

Mobile: **Email:**





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Mother's name:

Title:..... **Forename(s):**..... **Surname:**.....

Address (if different from that of father):

.....
.....
.....

Occupation: Nationality:

Employer's business name and address:

.....
.....

Telephone (work):..... Marital Status:

Telephone (home):..... Fax number:

Mobile:..... Email:

Guardian - If parents live abroad, name and address of guardian in this country (who will take full responsibility for exeat, holidays, clothes, etc., and who will in due course be required to sign an undertaking to this effect):

.....
.....
.....

Relationship to pupil:

Telephone (daytime):..... Telephone (evening):.....

Email: Mobile:.....

Please state the person responsible for your fees and living expenses whilst at Bath Academy:

.....

Do both parents have parental responsibility for the child? Yes / No

(If 'No' please give details here or in a covering letter):.....

.....
.....

Do both parents agree that the child should attend the College? Yes / No

(If 'No' please give details here or in a covering letter):.....

.....

SPECIAL CIRCUMSTANCES

Please inform us in a covering letter if:

- a) the parents are separated or divorced
- b) there are any Court Orders in relation to the child; for example, as to parental responsibility, residence, contact, prohibited steps, specific issues or periodical payments; or in relation to the parents or if either parent is an undischarged bankrupt or subject to an individual voluntary arrangement





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YOUR COURSE

PLEASE SELECT YOUR COURSE (please tick)		
UNIVERSITY FOUNDATION PROGRAMME (1 year – Sept Start) <input type="checkbox"/> (January – June) <input type="checkbox"/>	MEDICAL FOUNDATION PROGRAMME (1 year – Sept Start) <input type="checkbox"/>	A LEVEL (1 year) <input type="checkbox"/>
A LEVEL (2 year) <input type="checkbox"/>	A LEVEL (18 month – Starts Jan) <input type="checkbox"/>	GCSE (1 year) (2 year) <input type="checkbox"/> <input type="checkbox"/>
RETAKE A LEVEL COURSE (Sept – Jan or Jan – June) <input type="checkbox"/>	PRE-A LEVEL PROGRAMME <input type="checkbox"/>	SUPPLEMENTARY TUITION <input type="checkbox"/>

A Level Options

I WISH TO STUDY THE SUBJECTS INDICATED BELOW:			
<input type="checkbox"/> Art	<input type="checkbox"/> English Literature	<input type="checkbox"/> History	<input type="checkbox"/> Sociology
<input type="checkbox"/> Biology	<input type="checkbox"/> French	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Spanish
<input type="checkbox"/> Business Studies	<input type="checkbox"/> Further Mathematics	<input type="checkbox"/> Physics	
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Geography	<input type="checkbox"/> Psychology	<i>Other:</i>
<input type="checkbox"/> Economics	<input type="checkbox"/> Government & Politics	<input type="checkbox"/> Religious Studies	
<input type="checkbox"/> English Language			

GCSE Subject Options

I WISH TO STUDY THE SUBJECTS INDICATED BELOW:

<input type="checkbox"/> Art	<input type="checkbox"/> English Literature	<input type="checkbox"/> Physics
<input type="checkbox"/> Biology	<input type="checkbox"/> French	<input type="checkbox"/> Psychology
<input type="checkbox"/> Business Studies	<input type="checkbox"/> Geography	<input type="checkbox"/> Religious Studies
<input type="checkbox"/> Chemistry	<input type="checkbox"/> History	<input type="checkbox"/> Sociology
<input type="checkbox"/> English Language	<input type="checkbox"/> Mathematics	<i>Other:</i>

University Foundation Programme Options

3 Minor modules (Studied by all students): Mathematics + Computing + Communication Skills/IELTS

I WISH TO STUDY THE SUBJECTS INDICATED BELOW:

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Economics | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Art (must be taken for Architecture) | <input type="checkbox"/> Further Mathematics | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Government & Politics | <input type="checkbox"/> Quantitative Methods |
| <input type="checkbox"/> Business Organisation and Marketing | <input type="checkbox"/> Mathematics | |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Media Studies | |



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PREVIOUS RECORD

1) **Present school:** State/Independent (please circle one)
 Head Teacher (name, title): Date of Entry/End Date
 Address:.....
 Telephone: Fax number:

2) **Previous school(s), with dates:**

3) Give details of any public examinations taken (**High School Grades, GCSEs, A Levels**)*:

**NB: A Transcript of School Grades must be sent to Bath Academy to confirm the information given is correct and accurate.*

4) **Unique Candidate Identifier Number:** (This is a 13 digit number located at the top of your Examination Certificates):

5) **Games and Extra-curricular Activities**
 (school teams, times, etc. plus outside interests, school prizes, hobbies and positions of responsibility held):

Will the student require a Student or Child Student visa to study in the United Kingdom at Bath Academy?

Yes/No

Does your child have any medical conditions (including allergies and eating disorders), disabilities, special educational need or learning difficulty? Yes/No

If yes, please provide details on the relevant Confidential Information section below.
NB – We require a separate Medical Form to be completed upon receipt of an Offer Letter from Bath Academy

I give permission for the student to participate in non-residential educational visits as part of the curriculum (which do not incur extra costs), e.g. visit to an art gallery.

Yes/No





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Confidential Information SEN

All information received in this Section will be treated in confidence.

Child's Name:

Parent's/Guardian's Name(s):

(1)

(2)

Under the College's Disability Policy, and SEN and Learning Difficulties Policy we are required to provide parents with the opportunity to disclose any medical conditions (including allergies), health problems, learning difficulty or disability of their child. This will assist the College to consider any adjustments it might need to make to assist the child to partake in the School's admissions procedure or when the child enters the College.

Please provide us with as much detail concerning **special educational needs** as possible below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.

If your child requires extra time for exams or needs any learning support, a copy of their Educational Psychologist's Report must be provided on application.



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NOTES - Admission and Entry to the College

Registration: pupils will be considered as candidates for admission and entry to the College when the Registration Form has been completed and returned with the non-returnable Registration Fee paid. Admission and entry will be subject to the availability of a place and the pupil satisfying the admission requirements at the time. The College operates an equal opportunities policy.

Early registration is recommended. Registrations will be considered in the order in which they are received. A copy of the current edition of the standard terms and conditions will be supplied on request.

Please return this form to the Admissions Office (Email: sam.hollingshead@bathacademy.co.uk or admissions@bathacademy.co.uk)

Before making the payment of the £400 Registration Fee, please complete the Bath Academy Payment Form.

DECLARATION

I/We request that the name of our above-named child be registered as a prospective pupil. I/We understand that the standard terms and conditions of the College will undergo changes from time to time as circumstances require and will apply in all our dealings with the College. I/We understand that the College (through the Principal, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and I/we consent to this for the purposes of assessment, in order to promote and safeguard the welfare of the child.

First signature: **Second signature**.....

Name in full: Name in full:

Relationship to student:..... Relationship to student:.....

Date: Date:

Signature of Student:..... **Date:**.....

