



# INTERNATIONAL SCHOOL



## APPLICATION FORM

### Personal Details

Please complete all details on this form. If you have any queries, please contact the Admissions (International) Office.

Family name \_\_\_\_\_ Female

First name(s) (in full) \_\_\_\_\_ Male

Preferred name \_\_\_\_\_

Nationality \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

Permanent address \_\_\_\_\_

Post code \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile telephone \_\_\_\_\_

Email address \_\_\_\_\_

### Parent/Guardian

Full Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address (If different from student) \_\_\_\_\_  
Post code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Evening telephone \_\_\_\_\_

Mobile telephone \_\_\_\_\_ Email address \_\_\_\_\_

Signature in support of this application \_\_\_\_\_ Date \_\_\_\_\_

### Education

Name of most recently attended school and contact details \_\_\_\_\_

### Subjects studied or passed (include English qualifications)

Subject and type of exam	Grades

### Standard of English

#### Possible course choices

Fees normally cover the study of the equivalent of four subjects

Subject	Level
1	
2	
3	
4	

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**Fee Status**

Fees to be paid: \_\_\_\_\_ How are fees to be paid: Cheque / Bank Transfer\*

\*Please make sure that student name is on all bank transfers

Accommodation: Home stay / Private      Arrival Date: \_\_\_\_\_

Transfer from airport: Yes  No  If Yes please give flight details \_\_\_\_\_

Dietary Requirements \_\_\_\_\_ Smoker / Non Smoker

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**Do any of the following apply to you?**

This confidential information is needed to help the college give you the support you need.

Please tick which answer applies to you:

- A health condition (such as diabetes, epilepsy, heart or any other serious condition)?      Yes       No
- Physical or sensory disability?      Yes       No
- Learning needs (such as dyslexia, need for extra English or Mathematics support)?      Yes       No

We have developed courses and support which enable students to integrate well and fulfil their potential, and are committed to ensuring that people with disabilities, including those with learning difficulties, are treated fairly. All reasonable adjustments to provision will be made to ensure that students and others are not substantially disadvantaged. We welcome the opportunity to discuss how we can be of help to those requiring learning support – please contact Anne Martineau, in the Study Development Centre, in the first instance.

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**Ethnic group**

The Department of Education has requested that colleges collect this information in order to promote educational and training opportunities for all. It will be treated in the strictest confidence.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 11 Asian or Asian British - Bangladesh | <input type="checkbox"/> 18 Chinese                            | <input type="checkbox"/> 25 White - any other White background |
| <input type="checkbox"/> 12 Asian or Asian British - Indian     | <input type="checkbox"/> 19 Mixed - White and Asian            | <input type="checkbox"/> 98 Any Other                          |
| <input type="checkbox"/> 13 Asian or Asian British - Pakistani  | <input type="checkbox"/> 20 Mixed - White/Black African        | <input type="checkbox"/> 99 Not known/Not provided             |
| <input type="checkbox"/> 14 Asian or Asian British              | <input type="checkbox"/> 21 Mixed - White/Black Caribbean      |  |
| <input type="checkbox"/> 15 Black or Black British - African    | <input type="checkbox"/> 22 Mixed - Any other Mixed background |  |
| <input type="checkbox"/> 16 Black or Black British - Caribbean  | <input type="checkbox"/> 23 White - British                    |  |
| <input type="checkbox"/> 17 Black or Black British              | <input type="checkbox"/> 24 White - Irish                      |  |

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**Residency**

Please indicate your main residency for the last 3 years:

- 
- UK
- 
- EEA (EU/Iceland/Norway/Liechtenstein)
- 
- Rest of World

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**Data Protection Act 1998**

Information supplied on this form will be used by the Principal and staff for the management of the college. It will also be passed to the Learning and Skills Council (The Council) which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data.

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**Applicant's Signature****Date**

This confirms that the information you have given on this form is accurate.

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**Please return this form to:**

Admissions (International), Itchen College, Middle Road, Bitterne, Southampton, Hampshire SO19 7TB

Telephone: 0044(0)23 8043 5636      Fax: 0044(0)23 8042 1911      Email: [info@itchen.ac.uk](mailto:info@itchen.ac.uk)      Web: [www.itchen.ac.uk](http://www.itchen.ac.uk)

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**FOR OFFICE USE ONLY:**

<b>Subject and type of exam</b>	<b>Date</b>	<b>By</b>
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