



APPLICATION FOR REGISTRATION FOR BEALE AWARD (MEANS TESTED BURSARY)

This form is only for those wishing to apply for a means tested bursary. The standard Registration Form can be downloaded from the College website.

Registration fee: £50 (non-refundable) For current fees per term, please refer to our website.

College will process this form in accordance with our Privacy Notice: www.cheltladiescollege.org/privacy

Please answer all sections in full, using black ink and block capitals.

PUPIL

First name(s) _____

Name known as (if different from above) _____

Middle name(s) _____

Surname _____

Date of birth _____

Proposed year of entry September 20 _____

Proposed year group 11+ (year 7) 12+ (year 8) 13+ (year 9) Sixth Form

Please tick relevant box Day Boarder

Residential address _____

Postcode _____

Nationality _____

Place of birth _____

Does your child require a visa to study in the UK? Yes No

PRESENT SCHOOL

Name of School _____

Name of Head _____

Postal address of School (in full) _____

Postcode _____

Telephone number (inc. dialling code) _____

Email _____

FOR OFFICE USE ONLY

Registration Fee Cheque Transfer

Documentation Signatures Birth Certificate Passport

PARENT ONE INFORMATION

Title (Mr/s, Dr, etc)

Surname

First name(s)

Middle name(s)

Residential address

(leave address blank if same as daughter's)

Postcode

Home telephone number

Mobile number

Email

Occupation/Industry

Job title

Company name

Business address

Business postcode

PARENT TWO INFORMATION

Title (Mr/s, Dr, etc)

Surname

First name(s)

Middle name(s)

Residential address

(leave address blank if same as daughter's)

Postcode

Home telephone number

Mobile number

Email

Occupation/Industry

Job title

Company name

Business address

Business postcode

Please give the name and relationship to the candidate of any member of the family who is currently attending or has attended College. Please include sisters who are likely to attend prior to this daughter's entry.

Please provide us with details of any special circumstances relating to your daughter's health, including details of any disability, special educational needs or other circumstances which may affect your daughter's performance in the admissions process and ability to fully participate in the educational provision provided by College. College requires this information so that we can consider what reasonable adjustments, if any, College can make in order to accommodate your daughter.

OTHERS WITH PARENTAL RESPONSIBILITY

Title (Mr/s, Dr, etc) _____

Surname _____

First name(s) _____

Middle name(s) _____

Relationship to applicant _____

Residential address _____
(leave address blank if same as daughter's)

Postcode _____

Home telephone number _____

Mobile number _____

Email _____

Occupation/Industry _____

Job title _____

Company name _____

Business address _____

Business postcode _____

DECLARATION

I/We declare that:

- I/We acknowledge that this Registration Form does not constitute an offer of a place at College.
- No other person's signature is required to register my/our interest of a place at College for my/our child.
- I/We consent to College storing my personal details, and those of my/our daughter, in line with GDPR guidance.
- I/We consent to you contacting my/our daughter's school for a reference before any firm offer of a place is made.
- I/We consent to future communication by post or email relevant to this application.
- I/We have informed College if my child requires a student visa to study in the UK.
- I/We do not have financial sanctions applied to either of us/me whether in the UK or worldwide (including any financial sanctions that derive from EU Regulations, directions issued by HM Treasury and/or UN Security Council resolutions or otherwise) and will immediately notify the College should I/we become subject to sanctions.

If someone with parental responsibility for a child applying to the College is subject to financial sanctions, he/she should not sign this Registration Form. Instead he/she should notify the Chief Operating Officer that he/she agrees to the child applying to the College but cannot sign this Registration Form due to the sanctions that have been applied to them.

Signature _____ Signature _____

Parent 1 Name _____ Parent 2 Name _____

Date _____ Date _____

CHECKLIST

Please enclose the following with your completed and signed Registration Form:

- A photocopy of your daughter's birth certificate
- A photocopy of your daughter's passport
- Registration fee of £50 for a bursary application

Please indicate method of payment:

- Payment by sterling cheque drawn on UK bank only and made payable to Cheltenham Ladies' College
- Payment via direct Bank Transfer (please supply a copy of the transfer receipt, if possible)

Please reference payment in the following format:

'your daughter's family name and first name / CLC registration fee'

Account Name: CLC Registry Account

Sort Code: 30-91-87, Account Number: 00911302, Bank Name: Lloyds Bank plc

Address: 130 High Street, Cheltenham, Gloucestershire, GL50 1EW, United Kingdom

IBAN code: GB74LOYD30918700911302, Swift code: LOYDGB21054

Registration correspondence should be addressed to:

Admissions Department,

Cheltenham Ladies' College,

Bayshill Road, Cheltenham,

Gloucestershire GL50 3EP

Telephone: +44 (0)1242 707070 / 707333

Email: admissions@cheltladiescollege.org

WHAT HAPPENS NEXT

Once the Registration for a Means Tested Bursary has been processed, you will receive an acknowledgement along with Financial Assessment Forms and a deadline by which these must be returned. If you are eligible for financial assistance, we will be in touch with the next steps in the application process. If, after the assessment, you do not qualify for financial assistance but still wish to proceed with an application to College, a further non-refundable payment of £200 for the standard registration fee will be required.

Please ensure you keep us updated if any details provided on this form change.