

PUPIL REGISTRATION FORM

Please complete this form in full.

For repeat registrations, please complete Sections 2 to 8, and include any information which has changed since the previous registration.

Where any box is left blank, it will be assumed that the information previously provided remains true.

Please do not hesitate to contact the College's Admissions team if you have any questions.

1. Pupil's personal details.			
Pupil's family name			
Pupil's given name(s)			
Preferred name			
Pupil's date of birth		Gender	Male/Female
Pupil's home address			
Pupil's mobile number		Pupil's other telephone number	
Pupil's email address			

2. Course overview.	
Course type	Please choose the most suitable option.
Please outline what the pupil aims to achieve through taking this course, including any relevant next steps (e.g. school or university entry) or other long-term goals.	
Please provide any information about the pupil which might be helpful. (e.g. strengths, weaknesses, study habits, any relevant personal circumstances, etc.)	

PLEASE NOTE: Sections 3-5 must be completed in full. If any changes are made to the course, please submit a new, accurate form. Changes made over email or similar will not be accepted.

3. Course dates.			
Please provide the dates for when tuition will be required.			
For a long-term course following the College's standard term dates, it is sufficient to write "Start/End of term".			
For a course which will not follow standard term dates, please provide precise details.			
Where firm dates are not yet known, please give an approximate idea and mark it clearly as such.			
(Final dates will be agreed with the College before the course is confirmed.)			
First day of tuition		This date is	Approximate/Firm
Last day of tuition		This date is	Approximate/Firm
Please give details of any dates during the course when the pupil will not be available to have tuition.			
For longer courses only, please give details of any periods outside normal term-time when tuition is likely to be required. (e.g. half-term, holidays)			

4. Tuition times.	
Please give details of any times outside normal tuition hours (Mon-Fri, 9am-5pm) when tuition is likely to be required. (e.g. evenings, weekends)	
Please give details of any times during normal tuition hours when the pupil will not be available to have tuition.	

5. Subjects.			
Please provide details of subjects to be included in the course. If you do not know this information, you can leave this section blank. Please note the course content will need to be agreed with the College before the course is confirmed.			
SUBJECTS	Please write the number of tuition hours required per subject, if known.		SPECIFIC AIMS, REQUESTS, OR OTHER RELEVANT INFORMATION FOR EACH SUBJECT (e.g. exam board, target qualification, target grade, specific modules/topics, areas of strength or weakness, etc.)
	(for longer courses) TUITION HOURS PER WEEK	(for shorter courses) TOTAL TUITION HOURS	

6. Examinations.	
Will the pupil need to be entered for any external public examinations? (e.g. A level, GCSE, IELTS, UKiset, etc.)	Yes/No
Please provide details below.	

Will the pupil need special "Access Arrangements" to support them during examinations?	Yes/No
Please provide details below.	

7. Accommodation.

Please tick if the pupil will need host family accommodation.

Please give the pupil's expected accommodation dates.

Arrival date		This date is	Approximate/Firm
Departure date		This date is	Approximate/Firm

Please explain any special accommodation requirements which the pupil might have.

If the pupil does not require host family accommodation, please indicate where they will live during the course.

8. Lunches.

Please tick this box if the pupil will attend supervised College lunches.

9. Nationality / Immigration status.

Pupil's Nationality

(If the pupil is not from the UK, please enter the nationality of the passport under which the pupil last entered the UK, or which the pupil intends to use to enter the UK.)

If the pupil is not a UK citizen, an EEA member country, or the Swiss Confederation, please complete the remainder of this section. Otherwise, please move on to the next section.

Does the pupil intend to take this course at Carfax College under the terms of an existing British visa? **Yes/No**

If so, please include a copy of that visa with this form, and provide the following information:

Type of British visa held

Expiry date of British visa held

Has the pupil ever previously had an application for a British visa refused? **Yes/No**

If so, please provide details:

Date of application

Place of application

Type of visa requested

Reason for refusal

10. English language.Is English the pupil's first language? **Yes/No**

Other first language(s) besides English

If English is not the pupil's first language, please provide the following information:

How many years has the pupil studied English?

Please list any English language qualifications (e.g. FCE, IELTS, etc.) achieved by the pupil.

Date	Qualification	Result

11. Educational history of the pupil.

Please provide the following information about the school or college the pupil most recently attended:

Name of Institution			
Address of Institution			

Attendance dates	From		to	
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Please provide contact details of a suitable person at this school/college (e.g. Headmaster, Housemaster, Director of Studies) who can provide a reference, if required.

Name and title of referee			
Referee's position within the school/college			
Referee's email address			
Referee's telephone number			

Please list any other schools or colleges previously attended by the pupil, together with dates of attendance.			
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Please list any academic qualifications the pupil has achieved.

Date	Qualification	Subject	Result

12. Interests and hobbies.

Please list the pupil's main interests e.g. sporting, artistic, musical, creative, social, etc.

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Please suggest any extra-curricular activities which the pupil might like to pursue during the course.

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13. Please answer the following questions and use the space below to provide any further detail.

i. Has the pupil ever previously had any difficulties at school or college which have had a significant negative effect on the pupil's happiness, health, or academic performance?	Yes/No
ii. Does the pupil have any learning difficulties or special educational needs?	Yes/No
iii. Does the pupil have any behavioural issues?	Yes/No
iv. Does the pupil have any disability?	Yes/No
v. Does the pupil have any mental health condition?	Yes/No
vi. Does the pupil have any medical condition?	Yes/No
vii. Does the pupil have any allergies?	Yes/No
viii. Does the pupil have any special dietary requirements?	Yes/No
ix. Does the pupil have any special requirements related to religious observance?	Yes/No

Please provide further detail of any relevant issues or requirements, and any measures which the College could take to help support the pupil.

14. If the pupil will be under the age of eighteen during the course, please answer the following questions.

Do you give consent for responsible College staff to administer standard doses of common non-prescription medicines to the pupil?
(These may include cough/cold/sore throat medicines, indigestion relief medicines, Paracetamol, Ibuprofen, and Aspirin.)

Yes/No

Do you give consent for the pupil to participate in activities arranged by the College which take place away from the College's premises, provided that they are appropriately supervised?
(Details of any activity which carries any significant degree of risk or cost will always be provided to you in advance so you can opt out in each case.)

Yes/No

15. Photography and videography.

The College may occasionally wish to publish photographs or videos of its pupils, on the College website or in other promotional materials. Pupils appearing in such photographs or videos will never be identified by their surname without specific permission.

Please tick this box if you would not like the pupil to be included in any such photographs or videos.

16. Please indicate how you first heard of Carfax College, and why you chose to register for a course at the College.

17. Contact details of the pupil's parents or guardians (required for all pupils under the age of eighteen).				
Title		First name		Surname
Address				
Mobile number		Other telephone number		
Email address				
Does the pupil usually live with the above-named?				Yes/No
Should the above-named receive progress reports and other routine information?				Yes/No

Title		First name		Surname
Address				
Mobile number		Other telephone number		
Email address				
Does the pupil usually live with the above-named?				Yes/No
Should the above-named receive progress reports and other routine information?				Yes/No

18. Contact details of any other relevant person(s) connected to the pupil (e.g. guardian, agent, etc.).				
Title		First name		Surname
Relation to pupil				
Address				
Mobile number		Other telephone number		
Email address				
Is this person authorized to communicate with, and receive communications from, the College about the pupil?				Yes/No
Should this person be included among the recipients of progress reports and other routine information sent out by the College?				Yes/No

Title		First name		Surname
Relation to pupil				
Address				
Mobile telephone number		Other telephone number		
Email address				
Is this person authorized to communicate with, and receive communications from, the College about the pupil?				Yes/No
Should this person receive progress reports and other routine information sent out by the College?				Yes/No

19. Primary contact.	
Please indicate which person listed above should be considered the main point of contact for the College.	

20. Payment of fees.	
Please indicate which person listed above will be responsible for payment of the College's fees.	

21. Emergency contact.

Please provide the name and contact number of the person who should be contacted in the case of an emergency. This person must be based in Oxfordshire.

Please provide the name and contact number of a person who may be contacted, should the above-named be unavailable.

DECLARATION

(If the pupil is under eighteen, this section must be completed by a parent or guardian.)

I hereby confirm that all the information provided in this form is true at the time of its submission, and that, where any fields have been left blank, the information which was provided in the most recent registration form previously submitted (within the last year) remains true.

Print name

Signature*

Date

* This declaration can be signed electronically using the tick-box, on condition that the completed registration form is sent to the College from an email address belonging to the person who has signed it; otherwise, the form must be signed by hand and can be submitted as a scanned copy.

Please make sure that all relevant information is included in the registration form, and that the Declaration is properly completed, even for repeat registrations. We cannot confirm the pupil's course until this is done.

Please submit the completed form by email to admissions@carfax-oxford.com, or to the following postal address:

Admissions,
Carfax College,
39-42 Hythe Bridge Street,
Oxford,
OX1 2EP.

If the pupil is not from the UK, a copy of the main page of the pupil's passport should be included with the registration form.

If the pupil requires a visa to study in the UK, a copy of the pupil's current British visa should be included with the registration form.

Please also include copies of any relevant qualifications, results, reports, etc.

The information provided in this form will be treated as private and confidential and will be kept securely.

Completion of this registration form does not guarantee registration for a course at Carfax College. The College reserves the right to request further information if it is needed for the purpose of considering the pupil's application. Once all the required information has been gathered and the details of the course have been agreed, an invoice will be issued for the first instalment of course fees. **Registration can only be confirmed after payment has been received.**