



CHILD'S INFORMATION

First name

Family name

Gender

Male Female

Date of birth (dd/mm/yyyy)

Nationality

Religion

First language

Please attach 2 passport sized photographs

Does your child speak any other languages?

Has your child been to the UK before?
If yes, for how long?

Does your child have any siblings?
If so, what are their names and ages?

Does your child have any relatives in the UK?
If so, who and where do they live?

Child's mobile number if applicable

Special dietary requirements

Name and address of school (and Boarding House if known)

Proposed start date at school (dd/mm/yyyy)

Passport number

Visa expiry date (dd/mm/yyyy)

Does your child have any special educational needs or learning difficulties?

GUARDIANSHIP SERVICE REQUIRED

Premium service Standard service Sixth Form Premium Sixth Form Standard



PARENTS' CONTACT DETAILS

Father

Full name and title

Home telephone

Business telephone

Mobile telephone

Email address

Occupation

Home address

Business address

Mother

Full name and title

Home telephone

Business telephone

Mobile telephone

Email address

Occupation

Home address

Business address

Emergency contact if parents cannot be reached

MEDICAL INFORMATION

Does your child suffer from any of the following? If yes, please give details

Diabetes

Migraine

Epilepsy

Any other illness or disability?

Has your child ever suffered from any infectious diseases?

Yes (please give details)

No

Is your child allergic to or actively sensitive to anything?

Yes (please give details)

No



Immunisation record

Dates given if known:

Dates given if known:

Diphtheria

Measles, Mumps, Rubella (MMR)

Tetanus

BCG

Whooping Cough

Hepatitis A

Polio

Hepatitis B

Hib

Meningitis C

Has your child had any other immunisations?

Yes (please give details)

No

Does your child suffer from asthma?

Yes (how badly and please give details of any medication)

No

Does your child suffer from hay fever?

Yes (how badly and please give details of any medication)

No

Does your child suffer from travel sickness?

Yes (how badly and please give details of any medication)

No

Is your child currently taking any medication?

Yes (please give details and if appropriate a translation in English)

No

Does your child have incontinence problems?

Yes

No

Is there any reason why your child cannot take part in active games or sports?

Please tell us about your child's interests, their hobbies, their likes and dislikes and their personality in general. Please continue if necessary on a separate sheet.



Parent's signature

Name (please print)

Date

Please complete this form and send it together with the administration fee to College Guardians. (This fee is non refundable and VAT will be charged at the current rate.) Please reference bank transfer payments clearly with your child's name.

Our bank details are as follows:

Bank: Lloyds TSB
Address: 48 Belle Vue Terrace, Malvern, WR14 4QG
Account Name: Malvern College Enterprises Ltd T/A College Guardians
Sort Code: 30-95-41
Account No.: 01812439
BIC Code: LOYDGB21139
Swift Code: LOYDGB2L
Iban: GB38 LOYD 3095 4101 8124 39

It should be noted that parents will be responsible for paying any bank charges incurred. This form is for information purposes only, and does not constitute a binding contract between you as a parent and College Guardians.

By signing this form, you are confirming that College Guardians (through Malvern College Enterprises Limited) may obtain, process and hold personal information about your child, including sensitive information such as medical details, and that you consent to this for the purpose of assessment and in order to safeguard and promote the welfare of your child.

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