



APPLICATION FORM

Notes : please write in capitals, completing all questions, leaving no blanks. If the answer is none/not applicable, please state. Information contained herein will be shared with appropriate RIC personnel.

Student personal details

Surname	Date of birth	Male	Female	
First name/s	Preferred Pronoun	he/him	she/her	they/them
Telephone number	Mobile number			
Email address	Joining year group			
Date of entry to course	Anticipated leaving date			
Home address (including postcode)				
Address whilst receiving tuition (if different from above)				
Nationality	Visa required	YES	NO	

Education

Previous school/s

Name of School	Dates attended	Tel no	Contact name
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I/We consent to Rochester Independent College contacting the previous school(s) to obtain a reference for this student

Examination details – please attach

Subject	Level	Exam board	UCI number	Result	Date of exam
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Daytime telephone number

Mobile number

Email address

Second parent/guardian (if applicable)

Surname

Title

First name

Date of birth

Address (if different from student home address)

Occupation

Relationship to student (Father/Mother/Other - please specify)

Daytime telephone number

Mobile number

Email address

Please advise who is legally responsible for the child – mother, father, guardian

Please state where correspondence should be sent

Emergency contact

In the event responsible adult/s cannot be contacted give details of person who can act on their behalf eg grandparent, family friend, agent

Name

Relationship to student

Tel no

In the event that we are unable to contact any of the above, do you give permission for the College to approve medical treatment for the student should the need arise? YES NO

Financial details

Fee payer – if different from the above

Surname

Title

First name

Date of birth

Address (if different from student home address)

Occupation

Relationship to student (Father/Mother/Other - please specify)

Daytime telephone number

Mobile number

Email address

Please note a credit check may be undertaken

CONSENT AND DECLARATION

I understand and agree to abide by the Terms and Conditions of Rochester Independent College

Name of first parent/guardian

Signature

Date

Name of second parent/guardian

Signature

Date

If different from the above

Name of fee payer

Signature

Date

DEPOSITS

Please complete and return this form, together with relevant deposits:

All students - non-refundable registration fee: £295 (payable on registration for international students)

Day student deposit: £1,200 Boarding student deposit: £2,500

Our preferred method of payment is by bank transfer to Rochester Independent College Ltd, HSBC UK Bank PLC, 60 Queen Victoria Street, London, EC4N 4TR UK. Sort Code: 40-11-60; Account Number: 50064688

IBAN:GB23HBUK40116050064688 SWIFT/BIC is the same for all HSBC Accounts: HBUKGB4B

Alternative method of payment: debit/credit card (over the telephone via Sagepay) or cheque made payable to Rochester Independent College Ltd.

To submit this form please save it then email to admissions@rochester-college.org.uk Alternatively please print and post to:

Admissions Office

Rochester Independent College

254 St Margaret's Banks

Rochester, Kent ME1 1HY

t : 01634 828115 w : www.rochester-college.org.uk