

Easter Registration Form

ind: please complete	e all section	is (ii fiorie state	none) in block	Capitals				
Student details								
Student's surname						Date of birth		
Student's first name	(s)				Gender (p	lease circle)	MALE / FEMALE	
Home address								
Post code		Email						
Home tel no				Mobile no				
Medical conditions a	and special	medication						
Allergies and how th	ey are mar	nifested						
Details of any learning	ng needs e	g dyslexia						
Current school								
Please state your av	ailability (pl	ease tick) We	ek 1 (2-6 April)	Week 2	(9-13 April	1 [No preference	
Subject/s to be stu	udied at R	ochester Inde	pendent Colle	ege*				
This MUST be comp	oleted in full	I for each subje	ct - available pl	aces cannot be allocate	ed without	these details	6.	
GCSE Sciences are	treated as	3 separate sub	jects; please sp	pecify subject and level	eg Core, A	Additional, Tri _l	ple etc.	
Subject	Level Yr 12 A level Yr 13 A level GCSE	Exam board AQA,CIE, EDXCEL, OCR, WJEC. A or B syllabus as applicable	Paper/Unit/ Module	Option within unit or r – title or number For English Literature, it is esse you specify the texts to be stud	ential that	Specific prob need help with	olem areas you	
eg Sociology	eg Yr 13 A level	eg AQA	eg SCLY4	eg Crime + Deviance		eg Essay stru	ucture	

Responsible parent/guardian full name ar	nd address (if different from student's address)
Title (Mr/Mrs/Ms etc) F	irst name Surname
Address	
	Post code
Relationship to student	Date of birth
. Daytime tel no	Mobile No
Email	
How did you hear about Rochester Indep	pendent College?
Easter accommodation only Full board £50 per night	
Week 1 Mon 2 April – Fri 6 April (Inclu	udes Easter Monday)
Arrival date	
All dates required in accommodation	
Departure date	
Week 2 Mon 9 April – Fri 13 April	
Arrival date	
All dates required in accommodation	
Departure date	
Consent and Declaration	
I/We hereby consent for (name of studen to attend Rochester Independent College	t)e for Easter Revision Course
In the event that we are unable to contact treatment for the student should the need	ct either parent/guardian, I/we give permission for the Principal to approve medical d arise YES / NO (please circle)
I have read and agree to the terms and c	conditions below
Name of responsible parent/guardian	
Signature of responsible parent/guardian	
Signature of student	Date
Terms and Conditions	
In case of tutor absence lessons will be r Students are jointly and individually liable The College does not accept responsibili	not guaranteed; individual consideration will be given rearranged where possible or refund given for any damage caused by them to College premises and property ity for theft or loss of personal property metables at short notice should this prove necessary

Payment

EASTER - The full cost will be invoiced and must be paid in advance.

Peferred method of payment is by bank transfer: RIC Trading Limited, Sort Code: 40-11-60, Account Number: 50064688 For international payments: IBAN: GB83MIDL40116050064688 SWIFT is the same for all HSBC Accounts: MIDLGB22 Please use Easter student's surname as a reference.

The College reserves the right to cancel any course at short notice (a full refund will be given in these cases)