

Application Form



You can apply to Bosworth online at www.bosworthschool.co.uk or by completing and sending this application form to admissions@bosworthschool.co.uk.

STUDENT DETAILS

(All fields MUST be completed. Please write clearly in CAPITAL LETTERS for the form to be legible when scanned).

Family name:	
First name(s):	Preferred name:
Date of birth:	Sex:
Nationality:	
Home address:	
	Postcode:
Country:	Telephone (home):
Email:	Mobile:

PARENT 1

(All fields MUST be completed. Please write clearly in CAPITAL LETTERS for the form to be legible when scanned).

Family name:	Phone:
First name(s):	Email:
Nationality:	Relationship to student:

PARENT 2

(All fields MUST be completed. Please write clearly in CAPITAL LETTERS for the form to be legible when scanned).

Family name:	Phone:
First name(s):	Email:
Nationality:	Relationship to student:

GUARDIAN (IF APPLICABLE)

(All fields MUST be completed. Please write clearly in CAPITAL LETTERS for the form to be legible when scanned).

Family name:	Phone:
First name(s):	Email:
Nationality:	Relationship to student:

EDUCATIONAL AGENCY DETAILS

Have you used an educational agency during your application? Please ☒ Yes ☐ No ☐

If yes, you MUST complete the details below before we can process your application:

Agency name:
Agency postal address:
Counsellor name:
Counsellor email address:

CONTACT PREFERENCES

Please indicate below who Bosworth should be communicating with about the following matters:

Contact reason	Parent 1	Parent 2	Guardian	Agent
Academic reports (multiple contacts allowed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoicing (please tick one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee payer (please tick one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary contact (please tick one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC HISTORY

Last school/college attended:

School address:

Dates:

Current year/grade:

Have you ever studied in the UK? Please ✓

Yes ☐

No ☐

Has your child ever been suspended, expelled or asked to leave from school? Please ✓

Yes ☐

No ☐

JOINING BOSWORTH - ACADEMIC PROGRAM

	September Start	January Start
Year 7 <input type="checkbox"/>		
Year 8 <input type="checkbox"/>	<input type="checkbox"/> 3 terms	-
Year 9 <input type="checkbox"/>		
GCSE	<input type="checkbox"/> 6 terms	<input type="checkbox"/> 5 terms
Intensive GCSE	<input type="checkbox"/> 3 terms	-
A-level Preparation	<input type="checkbox"/> 3 terms	-
A-level	<input type="checkbox"/> 6 terms	<input type="checkbox"/> 5 terms
High School Experience	<input type="checkbox"/> 2 terms <input type="checkbox"/> 1 term	<input type="checkbox"/> 2 terms <input type="checkbox"/> 1 term

SUBJECTS — A-LEVEL ONLY

We would be delighted to arrange a counselling interview for you if you wish to discuss your choices.

Subject choices are an indication only at this stage; they may be revised at any time up to the end of the induction week at Bosworth.

Subject 1:	Subject 2:	Subject 3:
Students wishing to take more than three subjects will be referred for academic counselling and further fees for additional subjects may apply.		Subject 4:
Please state the degree route you are interested to follow at university:		

ACCOMMODATION PREFERENCE

School room allocation is based on availability at the time we receive your deposit; all room types are allocated on a first-come, first-served basis. Final allocation is confirmed shortly before the start of the term. Students under 18 years of age are expected to live in Bosworth accommodation if they are not living with their parents. If they wish to live elsewhere, a written request must be submitted to the Bosworth Principal for approval.

I am applying to be a: Please ✓

Full-time boarder ☐ Weekly boarder ☐ Day student ☐

MEDICAL & WELFARE INFORMATION

We have a dedicated team of health care professionals within all our schools who are experienced in supporting students with additional learning or mental health needs along with existing medical conditions. We can best provide this level of support when notified well in advance and with collaboration between students, parents, and their care providers at home.

Please detail any specific needs or medical information below including any known allergies, current medication, or dietary requirements. Failure to disclose a specific requirement may result in us not being able to meet your needs.

I consent to Bosworth Independent School, part of CATS Global Schools processing my/the student's medical and welfare information provided as part of this application. If you are completing and signing as an Agent on behalf of the student, we will assume (unless you tell us otherwise) that you have full authority and consent from the student to sign on their behalf.

Signature of the student:	Print name:	Date:
Signature of parent/legal guardian:	Print name:	Date:

You have the right to withdraw your consent at any time by emailing CATS Global Schools data protection officer at DPO@catsglobalschools.com. For further information on how CATS Global Schools processes your personal data, please see our privacy policy at <https://catsglobalschools.com/info/privacy-notice>

INSURANCE

Bosworth students are required to have an adequate insurance policy upon their arrival at the school.

Please ✓ to indicate if you would like to purchase our Student Cover insurance:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Our comprehensive student insurance cover is created in partnership with Endsleigh Insurance Services.	Please scan and send a copy of your insurance cover policy before your arrival at Bosworth.

ADDITIONAL INFORMATION

How did you hear about Bosworth?

Do you know anybody who is currently studying or has studied at Bosworth? If so, please state their full name:

DECLARATION AND SIGNATURE

- I am a student, or their parent or legal guardian (if the student is under 18 years of age), or have the full and express authority and consent of the student to submit this application on their behalf.
- I confirm that all information provided in this application form and any other supporting admissions materials is factually true and honestly declared.
- I understand that submission of this application form to Bosworth Independent School does not constitute a contract.

Signature of the student:	Print name:	Date:
Signature of parent/legal guardian:	Print name:	Date: