

Student Application Form

In an effort to reduce the amount of paper used at WHG, we have now incorporated the majority of the application forms into this single multirole form.

When you are completing the form, please take note of the messages printed on the right hand side of the page, as these inform you which parts of the form you need to complete, depending on the programme you are applying for.

The sections have also been colour coded as described below to help clarify the form.

Programmes	Applicable Sections
Private School Programme	Red / Pink / Orange
State School Programme	Red / Green / Pink
Guardianship Only Applications	Red / Orange

IMPORTANT

Please ensure to complete **ALL** of the required sections - incomplete applications may prevent our services being offered.

To further a swift application, it is best to send the completed form scanned as an attachment to an email. Please try to make sure that the scan is clear and at a sufficient resolution to make it readable.

All applications **MUST** be accompanied by a high resolution photograph clearly identifying the student, such as a passport photo. If the application is being sent by email, the photo can be taken with a digital camera and attached to an email. If this is the case then please rename the image file to the student's FULL name in the following format.

SURNAME_firstname_dateofbirth.jpg

If you have any questions about your application please contact us via email on info@whg.eu.com

These are a vital part of the application and without it applications will not be processed



APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS USING A BLACK PEN

All applicants must complete this page

STUDENT DETAILS

Family Name: _____	First Name: _____
Nationality: _____	Known As: _____
Gender: _____	Date of Birth: _____
E-mail: _____	Mobile Number: _____
Passport Number: _____	Expiry Date: ____ / ____ / ____

HOME DETAILS

Permanent Address: _____

Home Telephone(s): _____

Parent's E mail: _____

FAMILY DETAILS

Fathers Name: _____	Nationality: _____
Business Telephone: _____	Father's Mobile: _____
Business E Mail: _____	
Mothers Name: _____	Nationality: _____
Business Telephone: _____	Mother's Mobile: _____
Business E Mail: _____	
Do Parents Speak English:	Father Yes / No*
	Mother Yes / No*

APPLICATION DETAILS

Guardianship Start Date: ____ / ____ / ____ This is the first date when WHG services commence

Term of Course Commencement: Autumn / Spring / Summer* Term 20 ____

Proposed Duration of Study in the UK _____ Terms/Years*

Name UK School (if known): _____

School Town (if known): _____

Proposed UK School Year (if known): _____ Please specify: Day / Boarding*

* delete as applicable

Attach photograph here



ONLY COMPLETE APPLICATION FORMS SUPPLIED WITH A SUITABLE PHOTO WILL BE PROCESSED

Quality English

CORPORATE PARTNER

ENGLISHUK
 corporate member

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All applicants must complete this page

NAME OF STUDENT _____

Please describe your character _____

Please list all your activities and hobbies _____

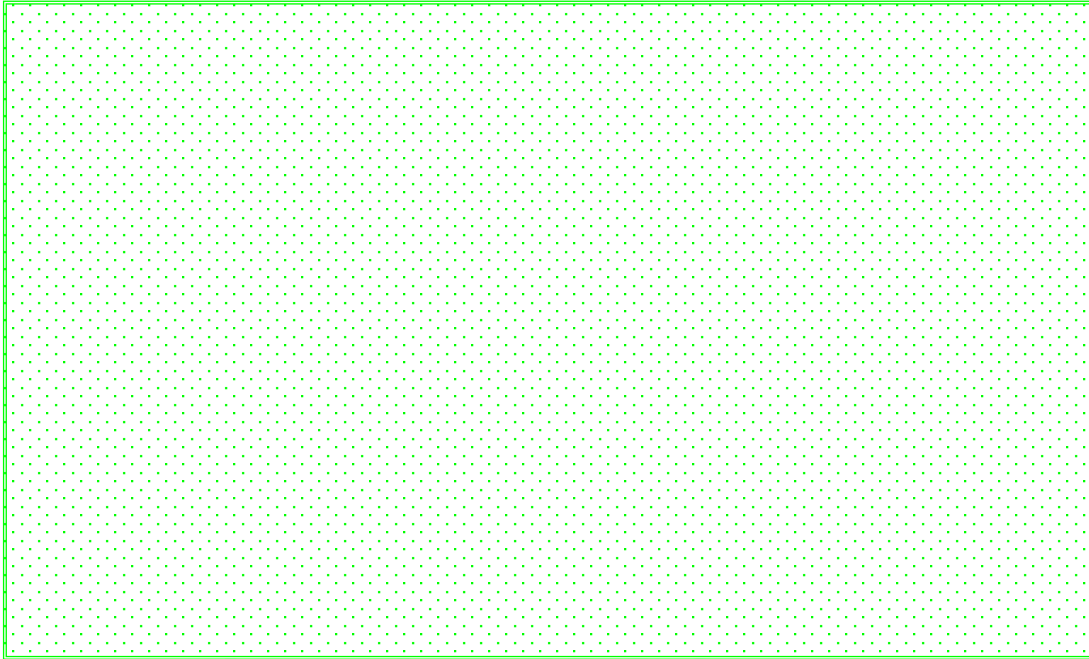
Name the activities and interests you would like to pursue in the U.K. _____

Do you play a musical instrument? Yes / No*
If Yes, which instrument? _____
Do you wish to continue this in the U.K.? Yes / No*
Do you have any allergies to animals? Yes / No*
If Yes, please specify: _____
Do you smoke? Yes / No*
Religious affiliation? _____

Please describe the type of family you would like to live with in the U.K. for example
with/ without children etc _____

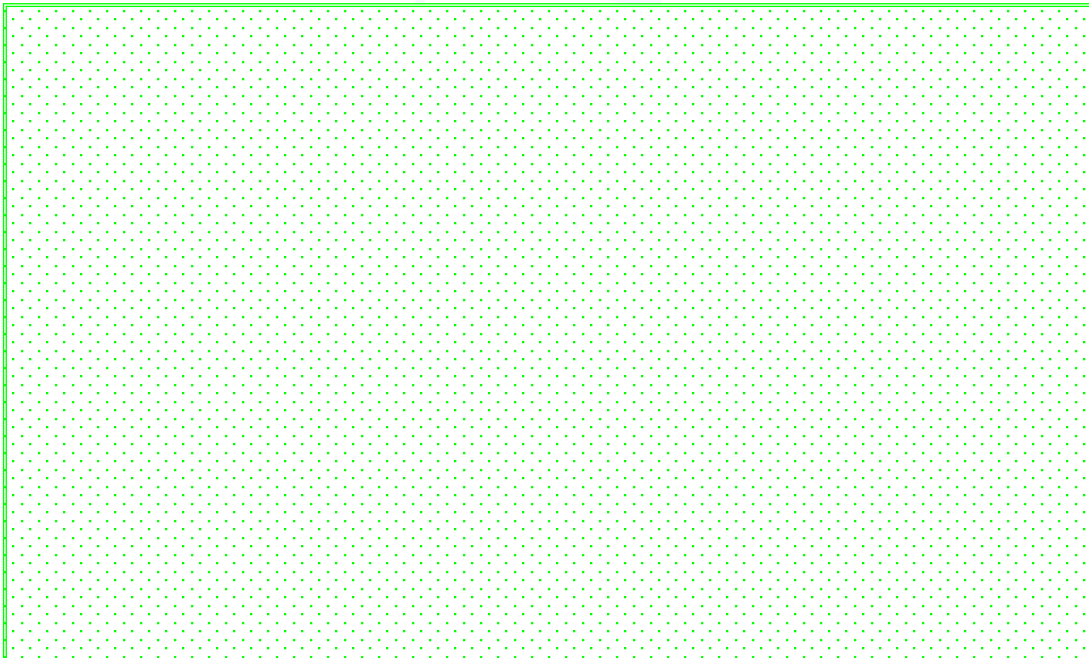
FAMILY PHOTOGRAPHS

PLEASE PUT IN HERE A RECENT PHOTOGRAPH OF YOUR FAMILY



PLEASE DESCRIBE WHO IS IN THE ABOVE PHOTOGRAPH

Three horizontal lines for describing the family photograph.



PLEASE PUT IN HERE A RECENT PHOTOGRAPH OF YOURSELF

NAME OF STUDENT _____

AGENTS REPORT

Name of Student _____

Following your recent interview with the above student, would you please give your honest opinion on their academic ability and character. In particular, kindly mention any points, whether good or bad, which you feel may assist us to place the student in the best school and general environment to suit them.

THIS INFORMATION IS CONFIDENTIAL



All applicants must complete this page

I have met the above student and can confirm that they have been suitably prepared and they are both mentally and physically capable of an extended stay in a foreign country, away from their natural parents/guardian. I can also confirm that they have the appropriate level of English for the course/programme that they have applied for.

Agent/Agency:

Signed _____ Date _____



TEACHERS REPORT

Name of Student _____

Please ask your English Teacher to write a letter to the Head Teacher of your prospective school in the UK, on this page, giving a report of your academic standard and capability of studying in the UK.

This must be attached to your latest school report giving marks/grades attained.



Private and State School Applicants

Signed _____ Date _____



SCHOOL CURRICULUM

The school system in the U.K. is as follows. . .

Up to the age of 14, we study a full range of subjects finishing in year 9.

Years 10 & 11 form a two-year syllabus towards GCSE Examinations taken at the end of Year 11. Students can enter this course during Year 10, and an average of ten subjects will be followed depending on the school.

Years 12 & 13 are a two-year course leading to A-levels, which are taken at the end of Year 13. Students can enter this course in year 12, (also known as Lower Sixth,) and the course followed is very flexible, therefore students can choose their own subjects. There is also a possibility of following both A/S and GCSE level courses in some subjects where the examinations can be taken in one year, providing a student completes the total Academic Year.

Following are the basic subjects that are studied in the British curriculum, not every subject is offered in every school, but it would be helpful if you would mark the subjects in which you are interested to enable the School to commence the preparation of your timetable before your arrival. Once you have arrived at the school, you will have a meeting with your Head to confirm your subjects.

Subject Choices

ACCOUNTING	ENGLISH LITERATURE	MUSIC
APPLIED SCIENCE	ENVIRONMENTAL SCIENCE	PHILOSOPHY
ART & DESIGN	FRENCH	PHOTOGRAPHY
BIOLOGY	GEOGRAPHY	PHYSICS
BUSINESS STUDIES	GERMAN	PHYSICAL EDUCATION
CHEMISTRY	POLITICS	PSYCHOLOGY
CHINESE (MANDARIN)	GRAPHIC DESIGN	RELIGIOUS STUDIES
COMBINED SCIENCE	HISTORY	RUSSIAN
DANCE	HOME ECONOMICS	SCIENCE
DESIGN TECHNOLOGY	INFORMATION TECHNOLOGY	SOCIOLOGY
DRAMA / THEATRE STUDIES	INTEGRATED SCIENCES	SPANISH
ECONOMICS	JAPANESE	SPORTS SCIENCE
ELECTRONICS	LAW	STATISTICS
ENGINEERING	MATHEMATICS	TEXTILES AND FASHION
ENGLISH	MEDIA STUDIES	

NAME OF STUDENT _____

AREA CHOICE

Academic Year Programme operates in the following counties:-

Area	First Choice	Second Choice	Third Choice	Fourth Choice	Fifth Choice
Avon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cambridgeshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornwall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devonshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dorset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloucestershire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hertfordshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isle of Wight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancashire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norfolk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nottinghamshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxfordshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffolk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sussex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiltshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yorkshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLEARLY indicate your area preference in the boxes
 Only place one tick in each column

Please be aware that not all courses / programmes
 are available in all areas

NAME OF STUDENT _____



All applicants must complete this page

MEDICAL REPORT

Name of Student _____
Nationality _____
Birth date _____ Height _____
Blood Group _____ Weight _____

VACCINATIONS

Against _____ Date ___ / ___ / ___
Against _____ Date ___ / ___ / ___
Against _____ Date ___ / ___ / ___
Against _____ Date ___ / ___ / ___

Does the applicant have any ongoing medical conditions or history we should be aware of? Yes / No*
If Yes, please give details, using a separate page if necessary:

Is the applicant on any regular medication? Yes / No*
If Yes, please give details of each medication, reason and dosage:

Has the applicant ever been hospitalised? Yes / No*
If Yes, for what reason? _____

Does the applicant have any allergies? Yes / No*
If Yes, please give details of allergies and medication taken _____

Are you aware of any mental disorder with this applicant or his/her immediate family? Yes / No*
If Yes, please describe _____

In your opinion, can this applicant safely partake in all sports? Yes / No*

Signature _____ Date: ___ / ___ / ___



*delete as applicable CORPORATE PARTNER



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BEDDING AND TOWELS

As a new student attending a boarding school, your child will need both bedding and towels.

If you require us to do so, White House Guardianships will package and send a parcel, to the school that you have chosen, so that it will be there upon their arrival.

The exact contents of the parcel will vary greatly from one school to another, but will be sent to the school, once your son or daughter has a confirmed placement. If you decide to use this service, please send a copy of the required bedding with this form, to ensure that the correct bedding and towels is at the school prior to your son / daughter arriving.

The cost of this, which will be taken from the expenses lodgement, would be the net cost of the bedding, towels and postage.

White House Guardianships make no profit on this service, which we hope will be of benefit to you.

Please fill in and sign the box below to request or decline this service.

I would/would not* like White House Guardianships to deliver a bedding pack for my son/daughter.*

Name of Student: _____ Date of Birth: ___ / ___ / ___

School: _____

Parent's Name: _____ Signature: _____

**delete as applicable*

Please Note

If this form is not completed and returned,
it will be assumed that no bedding or linen is required.

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POCKET MONEY CONSENT FORM

Name of Student: _____
School: _____

I give below the amount of weekly pocket money which is to be distributed to my son / daughter during their time at school, and during half term and exeats. I also confirm that this will stand until such time as I make changes in writing to White House Guardianships by completion of another form.

Weekly Amount to be sent to school/host family £ _____

If you require pocket money to be sent during the half term, please send an email to accounts@whg.eu.com as confirmation including the amount to be sent.

Signed: _____ Date: ____ / ____ / ____

Suggested amounts:

	At School
Age 11 to 13	Weekly £ 6.00
Age 14 to 15	Weekly £ 10.00
Age 16 to 17	Weekly £ 15.00

For students under 11 years of age, we usually place £50.00 at school at the start of term for extra expenses, such as weekend excursions. Pocket money needed is minimal, so we do not feel that parents should sign such a form until their child reaches the age of eleven years.

Please Note

If this form is not returned and signed by the parents of the applicant it will be assumed that no pocket money is to be issued by White House Guardianships

Private School Programme and Guardianship Only Applicants
Please also complete this if you are UNDER THE AGE OF 16
and applying for the State School Programme



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Student Transport Information

MUST BE COMPLETED AND RETURNED

Autumn Term Transport

Name of Student: _____
Known As: _____
School: _____

Date of Departure from Home Country: ___ / ___ / ___

Date of Arrival in United Kingdom: ___ / ___ / ___

Arrival Airport: _____

Time of Arrival: ___ : ___

Flight Number: _____

Other Information: _____

I would/would not* like White House Guardianships to arrange transport for my son/daughter, upon arrival in the United Kingdom.

Signed: _____ Date: ___ / ___ / ___

*delete as applicable

Please note
If this form is not fully completed and returned it will be assumed that no transport is required.

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Private School Programme and Guardianship Only Applicants

Student Transport Information

MUST BE COMPLETED AND RETURNED

Spring Term Transport

Name of Student: _____

Known As: _____

School: _____

Date of Departure from Home Country: ___ / ___ / ___

Date of Arrival in United Kingdom: ___ / ___ / ___

Arrival Airport: _____

Time of Arrival: ___ : ___

Flight Number: _____

Other Information: _____

I **would/would not*** like White House Guardianships to arrange transport for my son/daughter, upon arrival in the United Kingdom.

Signed: _____ Date: ___ / ___ / ___

**delete as applicable*

Please note
If this form is not fully completed and returned it will be assumed that no transport is required.



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Student Transport Information

MUST BE COMPLETED AND RETURNED

Summer Term Transport

Name of Student: _____
Known As: _____
School: _____

Date of Departure from Home Country: ___ / ___ / ___

Date of Arrival in United Kingdom: ___ / ___ / ___

Arrival Airport: _____

Time of Arrival: ___ : ___

Flight Number: _____

Other Information: _____

I would/would not* like White House Guardianships to arrange transport for my son/daughter, upon arrival in the United Kingdom.

Signed: _____ Date: ___ / ___ / ___

*delete as applicable

Please note
If this form is not fully completed and returned it will be
assumed that no transport is required.

AGREEMENT

I, _____

Being the parent / legal guardian* of

Name of Student _____

request WHITE HOUSE GUARDIANSHIPS to act as my representative in undertaking the on-going guardianship of this child during their primary and secondary education in the United Kingdom.

1. The student accepts responsibility of WHITE HOUSE GUARDIANSHIPS, the school and the Host Family to act in the best interests of his / her education and welfare.
2. The parent or legal guardian bestows upon WHITE HOUSE GUARDIANSHIPS and its staff, the right to act 'in loco parentis' in any situation, particularly in emergencies including the signing of permission for surgical treatment.
3. I accept that a student may be expelled from Guardianship for serious or continual misconduct, particularly where such behaviour prejudices the safety or progress of other students, or brings the company or school itself into disrepute.
4. I understand that I am liable for the first term's fees upon signing this on-going agreement and that a clear terms notice must be given before the withdrawal of my child/ward, otherwise a full terms notice will be charged in lieu. I further understand that no refund of guardianship fees will be given in the event of the student being expelled from this programme. (It is strongly recommended that parents seek insurance cover for any eventuality, such as illness which causes the programme to be curtailed.)
5. White House Guardianships does not include medical or travel insurance in any of our programmes. We strongly recommend that parents of students take out policies of this nature in their home country.
6. I undertake that no private approach will be made to any contact made through White House Guardianships and that such a contact would represent a breach of contract.
7. I undertake to inform WHITE HOUSE GUARDIANSHIPS IMMEDIATELY if the student comes into contact with any contagious disease, or develops any condition which could affect his/her behaviour.
8. I agree to adhere to the payment terms as notified to me.
9. I understand that WHITE HOUSE GUARDIANSHIPS will not provide services if funds are not in hand.
10. I have read and agreed the White House Guardianships Terms and Conditions.

<https://whg.eu.com/termsandconditions.html>

Signed _____ <i>Applicant</i>	Date ___ / ___ / ___
Signed _____ <i>Parent / Legal Guardian*</i>	Date ___ / ___ / ___

*delete as applicable



CORPORATE PARTNER



All Applications MUST complete this page