

Merchant Taylors'
Schools

Ambition | Character | Excellence

Acceptance Form

August 2026

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Acceptance Form

Admin Use			
Pupil Code	Parent Code	Offer Type	DD Received

Please return this completed form together with direct debit to the Head of Admissions & Marketing. Any matters of which we ought to be aware before your child enters the School, or once here should be provided in writing addressed to the Head.

School
Please check the relevant section

Sixth Form	Seniors	Juniors	Infants
☐	☐	☐	☐

Full Name

Preferred Name

Date of Birth

Date of Entry

Entry Year Group

Siblings
other children attending MTS

I/We accept the place which has been offered to us for my/our child (named above) on the terms of:

- the letter containing that offer together with any Conditions of Award attached
- this acceptance form
- the School's Terms and Conditions, enclosed with the offer letter
- the School's fees list, as varied from time to time

I/we acknowledge receipt of a copy of the current School rules which I/we have read and have drawn to my/our child's attention.

Cancellation rights
I/we understand that I/we may cancel this agreement at any time within 14 days of the day following the School's receipt of this acceptance form, only if the offer is made and accepted entirely at distance by means of post fax or electronic communication.

Immigration status
Where applicable I/we enclose a copy of my/our child's passport and immigration status documentation confirming his/her right to enter the United Kingdom and study at the School. Where he/she holds a dependent visa, I/we also enclose a copy of our passport(s) and immigration status documentation confirming my/our right to enter and live in the United Kingdom.

Declarations by the signatories to this acceptance form
I/We declare as individuals and jointly that:

1.Terms and Conditions: Before signing this Acceptance Form I/we have read and understood, and I/we agree to the School's Terms and Conditions and, where appropriate, the Conditions of Award of a financially assisted place or scholarship, which will undergo reasonable change from time to time. I/We have retained a copy of the School's Terms and Conditions with our records.

2. Disclosures: I/We have already provided and will continue to provide details of any medical condition, health problem or allergy affecting my/our child; any learning difficulty, disability, or special educational need of my/our child, as well as any behavioural, emotional and/or social difficulty of my/our child (for example dyslexia. dyspraxia, attention deficit disorder, visual or hearing impairment or any condition requiring use of a wheelchair). I/We attach in confidence details of any relevant information received since my/our previous disclosure.

3. Medical matters: I/We will complete in confidence the School's Medical Information and Consent Form and will continue to provide all relevant information about any medical condition, health problem, or allergy which affects my/our child and or which may prevent my/our child from taking a full part in the School's academic and games or sports curriculum, outdoor activities and educational visits or if my / our child has been in contact with anyone with an infectious or contagious disease.

4. Court orders: Where I am/we are separated or divorced, I/we have informed the School of this. I/We have also disclosed all court orders or criminal proceedings in relation to my / our child and all court orders, criminal proceedings, statutory demands or bankruptcy petitions relating to either parent (including any court orders relating to financial matters). I/We will disclose any subsequent court orders, criminal proceedings, statutory demands or bankruptcy petitions to the School.

5. Parental responsibility: I/We both have parental responsibility (i.e. legal responsibility) for the child named above. * I/We confirm that no other person's consent is required for the child to attend the School OR * I / We have disclosed written consent to the child joining the School from all others with parental responsibility for the child. (* Please delete as appropriate.)

If any person signing this acceptance form does not have parental responsibility for the child please provide a brief written explanation of the relationship between that person and the child together with the name(s) of all others with parental responsibility for the child.

6. Current and previous schools: I/We confirm that fees payable to my/our child's current and any previous schools have been paid or will be paid in full before my/our child enters the School. Except as disclosed in a confidential letter attached to this acceptance form, my/our child has not been withdrawn from or been asked to leave another school as a result of misconduct and is not under investigation and has not been convicted of any criminal offence.

7. School fees: I/We understand that the School may at any time make enquiries of my/our child's current or previous schools for confirmation that all sums due and owing to such school(s) have been paid. I/We understand that the School may inform any other school or educational establishment to which I/we propose sending my/our child if any Fees of this School are unpaid. I/We also understand that the School may make reasonable enquiries of relevant third parties (for example credit reference agencies) about my/our financial means in appropriate circumstances.

8. Cancellation or Withdrawal: Except where the cancellation rights described above apply or where otherwise provided in the School's Terms and Conditions I/we will not cancel my/our acceptance of this place or withdraw my/our child from the School without first giving a Term's Written Notice or paying a Term's Fees in accordance with the School's Terms and Conditions. Please see the School's Terms and Conditions for further information about Notice, Cancellation and Withdrawal.

9. Documents: I/We confirm that before signing this acceptance form, I/we have seen or had an opportunity to see all the documents referred to in the School's Terms and Conditions, including the Parents' Handbook, the School Rules and Regulations and general information booklet.

10. Confirmation of declarations: I/We confirm that the declarations made on this acceptance form are true and that I/we have disclosed all information required in the declarations. I/we understand and agree that the School has the right to terminate this contract for educational services immediately if any declaration is found to be untrue.

Authorities given by the signatories to this acceptance form
I/We give the following express authorities on behalf of myself/ourselves and (so far as I am/we are entitled to do so) on behalf of my/our child.

11. Commencement of services: I/We consent to the School providing educational services to my/our child if he/she starts as a pupil at the School within 14 days of the date of this acceptance form.

12. Immigration arrangements: Where my/our child is sponsored by the Student Sponsorship Points Based System for Immigration I/we consent to the arrangements for my/our child's visa application, travel, reception and care arrangements in the United Kingdom.

13. Educational visits: I/We consent to my/our child taking part in all educational visits and activities which take place off school premises while he/she is a pupil at the School.

14. Transport: I/We consent to the Pupil travelling by any form of public transport and/or in a motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type.

How we use your information
For more information about how the School will use your information, and your child's information, please see our privacy notice. This document is enclosed with the offer letter and published on the School's website: https://www.merchanttaylors.com/privacy-notice/

If your child is going to enter Year 7 or above, he/she has the maturity to exercise his / her own data protection rights. Therefore please show him/her a copy of the privacy notice and discuss it with him/her.

Secondary emergency contact
If only one person is to sign this acceptance form, the School requires you to complete the details below for a second person who you authorise Us to contact in an emergency.

By signing this acceptance form you confirm that the second emergency contact has agreed to act in that capacity.

Full Name	
Address	
Postcode	
Relationship to Child	
Emergency Contact No.	

Payment

IWe confirm a £500 Acceptance Deposit has been paid by one of the blow options:
(Please tick applicable box)

☐ **Bank Transfer:**
The Merchant Taylors' School, Crosby
Barclays Bank Account No: 83185168
Sort Code: 20-10-92
Reference: Pupil name/deposit

Date paid

☐ **Debit Card:**
Call the finance office on 0151 949 9329

Date paid

Payment Options:
Direct Debit is the only payment option available and there is no charge to join this scheme. We offer two options for paying by Direct Debit, please select one from below:

☐ One payment per term; 3 per year. The full termly fee will be collected on:
- 01/09 (Autumn)
- 01/01 (Spring),
- 01/05 (Summer)

☐ Four payments per term; 12 per year:
- 01/09 - 01/12 (Autumn)
- 01/01 - 01/04 (Spring)
- 01/05 - 01/08 (Summer)

One payment method only per family.

Fee bills are sent by email in advance of payment each term. Each bill confirms the collection dates and amount due.

If you have any questions regarding fee billing, please contact the fees office by email: fees@merchanttaylors.com or call 0151 949 9329

Contract

	First Signatory	Second Signatory
Signature		
Title (Mr/Mrs/Ms)		
Name in full (include all names)		
Date of Birth		
Relationship to child		
Occupation		
Employer		
Email Address (fee bills will be sent here)		
Telephone number		
Emergency Contact No. (if different)		
Address		
Postcode		
Date		

Please return this form and a completed Medical Information and Consent Form to the Head of Admissions together with a confidential letter addressed to the Head if there are any matters of which we ought to be aware before your child enters the School, or once here.

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The Merchant Taylors' Schools Crosby

Please complete and return to Admissions

DIRECT Debit

Instruction to your Bank or Building Society, to pay by Direct Debit

Please complete all sections. The same bank details must be used for all pupils attending.

Service User Number

6	2	8	6	0	3

Reference Number (Official use only)

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To The Manager — Bank/Building Society

Address

Post Code

FOR MERCHANT TAYLORS' SCHOOLS OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

Pupil Name:

Please choose your preferred option.
Payment Option 1 – One payment per term
OR
Payment Option 2 - Four payments per term

Instruction to your Bank or Building Society
Please pay Merchant Taylors' Schools Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Merchant Taylors' Schools and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.
Merchant Taylors' Schools are a Registered Charity, Registration Number 526681

✂ ----------

This guarantee should be detached and retained by the Payer

DIRECT Debit

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Merchant Taylors' Schools will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Merchant Taylors Schools to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct debit by Merchant Taylors' Schools or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. .If you receive a refund you are not entitled to, you must pay it back when Merchant Taylors ask you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Medical Information

The School requires you to complete all sections of this form as fully as possible. The information provided by you in this form will help us to care for your child while he/she is a pupil at the School.

All information received on this form will be treated in confidence.

For more information about how the School may use your and your child's information contained in this form, please see our privacy notice which was enclosed with the letter of offer and published on the School website.

Child's Details

Child's Full Name:	
Date of Birth:	

Child's Doctors Details

Name of Child's Doctor:	
Address of Child's Doctor:	
Telephone No. of Child's Doctor	

Eyesight and Hearing

Does your child have an eyesight condition? (Please tick one box)	Yes	☐	No	☐
Does your child have a hearing condition? (Please tick one box)	Yes	☐	No	☐
If you have answered 'Yes' to either question above, please provide details below:				
If your child takes any medication for an eyesight or hearing condition, please provide details in the Medication section in this form.				

Immunisation

The following table lists the routine and optional vaccinations (including travel vaccinations) available for children in the United Kingdom.

Please provide date(s) of immunisation of your child where indicated or, if immunisation not carried out, please state.

Routine Vaccinations	Date(s) of Immunisation
6 in 1 vaccine (Diphtheria, Tetanus, whooping cough, polio, Hepatitis B and Hib)	
PCV (Pneumococcal jab)	
Rotavirus	
Men B (Meningococcal type B)	
Hib/Men C	
MMR (Measles, Mumps, Rubella)	
Children's 'flu vaccine	
4 in 1 Pre-School booster (Diptheria, tetanus, polio)	
Meningitis (Meningococcal types A, C, W, Y)	
Optional Vaccinations	
Chickenpox	
BCG (Tuberculosis)	
Influenza	
Typhoid	
Cholera	
Yellow Fever	

Meningitis (Meningococcal Types A and C)	Date(s) of Immunisation
Hepatitis A	
Hepatits B	
Japanese encephalitis	
Rabies	
Other (please provide details in the box below)	

Infectious Conditions

Has your child had any of the following conditions?
(Please indicate by ticking either Yes or No for each condition)

Condition	Yes	No	Approximate date of infection
Mumps	☐	☐	
Rubella	☐	☐	
Chicken pox	☐	☐	
Measles	☐	☐	
Glandular Fever	☐	☐	
Rheumatic Fever	☐	☐	

If you have answered 'Yes' to any of the above, please provide details below:

Has your child been in contact with anyone with an infectious or contagious disease?
(If yes, please provide details in the box below)

Allergies

Does your child have any allergies?

Condition	Yes	No
Hayfever	☐	☐
Medicine (if 'Yes', please provide details in the box below)	☐	☐
Animals (if 'Yes', please provide details in the box below)	☐	☐
Foods (if 'Yes', please provide details in the box below)	☐	☐
Other allergies (if 'Yes', please provide details in the box below)	☐	☐

If your child takes any medication for an allergy, or carries an Epi-pen or other auto-injector, please provide details in the Medication and Treatment section of this form.

If your child has special dietary requirements, please provide details in the box below:

Other Conditions

Does your child have any of the following conditions?

Condition	Yes	No
Asthma	☐	☐
Diabetes - Type 1	☐	☐
Diabetes - Type 2	☐	☐
Epilepsy	☐	☐
Mental Health Condition(s) (If 'Yes' please provide details in the box below)	☐	☐
Other Condition(s) (If 'Yes', please provide details in the box below)		

If your child takes any medication or receives treatment for an above named condition, please provide details in the Medication and Treatment section of this form.

Medication and Treatment

Name of medication/ treatment	Reason for medication/ treatment	Dosage (if applicable)	Frequency

Please provide details of any condition which may prevent your child from taking a full part in the School's academic and games or sports curriculum, and outdoor activities.

Does your child have any of the following educational needs?

Condition	Yes	No
Dyslexia	☐	☐
Dyspraxia	☐	☐
Dyscalculia	☐	☐
ADHD	☐	☐
Visual Impairment	☐	☐

If you indicated 'Yes' to any of the above, please give details in the box below

Medical Consents

I/We have provided full and complete information about my/our child in this Medical Information Form.

I/We agree to inform the School in the event that my/our child's health or needs change.

I/We also agree to inform the School of any mediction or treatment my child is receiving as I understand that appropriately qualified School staff may administer medication or need to refer on to Medical, Dental and Optical specialists as required.

First Aid:
I/We Consent to appropriately trained and qualified members of the School staff to administer first aid to my/our child where appropriate.
Medical Treatment:
I/We hereby give consent for the School to act on my/our behalf as necessary for my child's welfare if he/she requires a medical examination, medical testing or minor medical treatment such as attendance at a local GP, Doctor or Optician.
Emergency Medical Treatment:
I/We give consent for the Head to act on our behalf to authorise emergency medical treatment as necessary for my child's welfare in the event I/we cannot be contacted in time.
The Administration of Medicines:
I/We hereby give consent for appropriately qualified members of the School staff to administer prescription medication as listed in the Medication and Treatment section of the Medical Information Form or as subsequently notified to the School and/or non-prescription medication such as Paracetamol, Ibuprofen, simple cough linctus, indigestion remedies and other over-the-counter remedies under protocols from the School Doctor for treating minor ailments. If my/our child is in the Infant School, I/we understand that the School will see prior consent for the administration of non-prescription medications.

If there is any medication or remedies you would prefer your child not to receive please indicate these in the box below.

	First Signatory	Second Signatory
Signature		
Title (eg Mr/Mrs/Ms)		
Name in full (please include all names)		
Relationship to child		
Date		

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Ethnic Background Record

Pupil Name	
Date of Birth	

Independent schools have been asked by the Department of Children, Schools and Families (DCSF) to collect information about the Ethnic background of pupils. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example our skin colcour, language, culture, ancestry or family history.
Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the pupil named above and also fill in their first laguage in the box provided.

Please also indicate whether the form was completedc by a parent/guardian or the pupil.

Ethnic Background Choice

White

- British ☐
- Irish ☐
- Traveller of Irish Heritage ☐
- Gypsy/Roma ☐
- Any other White background ☐

Mixed

- White and Black Caribbean ☐
- White and Black African ☐
- White and Asian ☐
- Any other mixed background ☐

Asian or Asian British

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Any other Asian background ☐

Black or Black British

- Caribbean ☐
- African ☐

Chinese ☐

Any other ethnic background ☐

First Language of Pupil

Form Completed by Parent - please name

Form Completed by Pupil

Notes

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged over 16 can make this decision for themselves.

Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department of Children, Schools and Families (DCSF) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

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Merchant Taylors' Schools
Liverpool Road
Crosby
L23 0QP

merchanttaylors.com
0151 949 9366

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