Oakbridge Guardians Ltd

Student Registration Form

F001
Printable / fillable copy

For Oakbridge Guardians Ltd educational guardianship services.

Complete on a computer (type into the boxes) or print and write clearly in black ink. Tick Yes or No where shown. Boxes with lines are for longer answers. Return the completed form to Oakbridge. Fields marked * are required.

1. Existing student / OSID

Has the student previously been registered with Oakbridge? *

☐ Yes ☐ No

Oakbridge Student ID (OSID) — one character per box

☐ ☐ ☐ ☐ ☐

Returning families: enter OSID and update only what has changed.

2. Student information

First name *

Surname *

Preferred name

Date of birth (DD/MM/YYYY) *

Sex

Nationality *

Nationality (if Other)

Student email

Student mobile

Does the student have a UK mobile number?

☐ Yes ☐ No

UK mobile number

Oakbridge SIM requested? (Yes/No in box)

Passport number

Passport expiry (DD/MM/YYYY)

Languages spoken

Religion

3. Home address

Home address *

Postcode

Country *

4. Parent / contact 1

Full name *

Relationship *

If relationship is Other, write details here

Email address *

Mobile telephone *

Preferred communication method

English level

Address

Country

5. Parent / contact 2

Full name *

Relationship *

If relationship is Other, write details here

Email address *

Mobile telephone *

Preferred communication method

English level

Address

Country

6. Emergency contact

Tick Yes if same as contact 1 or 2, otherwise complete the boxes below.

Same as contact 1?

☐ **Yes** ☐ **No**

Same as contact 2?

☐ **Yes** ☐ **No**

Emergency contact name

Relationship

Telephone *

Email

Address

Country

7. Additional contact 3 (optional)

Add a third contact?

☐ **Yes** ☐ **No**

Name

Relationship

Telephone

Email

8. School information

School *

Year group

School start date (DD/MM/YYYY)

UK arrival date (DD/MM/YYYY)

Boarding house

House parent

9. Agency / previous guardianship

Was an educational agent used?

☐ **Yes** ☐ **No**

Agency name

Agent contact name

Agent email

Agent telephone

Permission for Oakbridge to contact the agent?

☐ **Yes** ☐ **No**

Current / previous guardianship organisation

10. About the student

Will Oakbridge accommodation / host family be required?

☐ **Yes** ☐ **No**

Hobbies and interests

Ideal weekend

Medical information summary (full detail on F002)

Additional information

11. Declaration

If a student is completing this form, a parent / legal guardian must still review and approve it before Oakbridge treats it as final.

- The information provided is accurate and complete to the best of my knowledge.
- I understand Oakbridge will use this information to support the student safely.
- I will notify Oakbridge of any important changes.

I confirm that I have read, understood and agree to the statements above. *

☐ **Yes** ☐ **No**

Declarant full name *

Date (DD/MM/YYYY) *

Signature — type full name, or sign in the box if printing *