



In Year Admission Form – please fill in all unshaded boxes

Surname

Yes/No

Relationship to student

Parental Responsibility, Please circle:

First Nam	ne				
Surname					
Chosen Name					
Date of Birth	Current Age				
Gender					
	•				
Home Ad	dress				
House Nu	ımber:	Flat Number (If Applicable):			
Street Name:					
Postcode	:				
Priority	Parent/Carer Details	Contact details			
1	Prefix: Mr/Mrs/Miss/Ms	Address if different from child:			
	Forename				
	Surname				
	Relationship to student	Telephone:			
	Parental Responsibility, please circle: Yes/No	Email:			
2	Prefix: Mr/Mrs/Miss/Ms	Address if different from child:			
	Forename				

Telephone

Email







School History	Date from	Date until	
Primary school name			
Address			
Previous Secondary school name			
Address			

Is the Child 'looked after'* by the Local Authority? Please circle.	YES	NO	If yes, which Local Authority: Name of Social Worker: Contact Telephone Number(s): Email Address:	
Has your child previously been 'looked after'? Please circle.	YES	NO	If you tick yes, documentation will be required to support this. Please forward a copy of the Child Arrangements Order, Adoption Order, or Special Guardianship Order; together with a letter from the Local Authority that last 'looked after' the child confirming the child was in care of the Local Authority immediately prior to one of the above orders being granted.	

