**SHERBURN HIGH SCHOOL** **ADMISSION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname **Legal Surname** (i.e. Surname which is on Birth Certificate) |  | | Male/Female | |  |
| First Name |  | | Date of Birth | |  |
| Second Name |  | | Known As | |  |
| Third Name |  | |  | |  |
| Student’s Home address |  | | | | |
|  | | | | | |
|  | | | | | |
| Post Code |  | Home Telephone No. | |  | |

Name of school previously attended: ……………………………………………………………………………………………………….

**In cases of emergency it may prove necessary for the school to contact Parents/Guardians during school hours. Please give details of parents’/guardians’ workplace telephone numbers/e-mails below and update as necessary when changes are made. Please prioritise which number to call first in an emergency (No. 1 being first contact, No.2 second contact etc )**

|  |
| --- |
| ***To help us to care for your son/daughter in the best possible way we should be grateful if you would complete this*** |
| ***form as fully as possible. Please inform school if your details change at any time.*** |

**Mother Father**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | | | | | Forename | | | | | | | |  | Surname | | | | Forename | | | | | | | | |
|  | | | | |  | | | | | | | |  |  | | | |  | | | | | | | | |
| Home Address (if different to that of child) | | | | | | | | | | | | |  | Home Address (if different to that of child) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
| Post Code | | | | |  | | | | | | | |  | Post Code | | | |  | | | | | | | | |
|  | | | | | Priority | | | | | | | |  |  | | | | Priority | | | | | | | | |
| Home Tel No. | | | | |  | | | | |  | | |  | Home Tel No. | | | |  | | | | | | |  | |
| Mobile No. | | | | |  | | | | |  | | |  | Mobile No. | | | |  | | | | | | |  | |
| Work No. | | | | |  | | | | |  | | |  | Work No. | | | |  | | | | | | |  | |
|  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |
| e-mail\* |  |  |  |  | |  |  |  |  | |  |  |  | e-mail\* |  |  |  | |  |  |  |  |  |  | |  |
|  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |
| \*Unless we are informed otherwise, we will contact you by e-mail | | | | | | | | | | | | |  | \*Unless we are informed otherwise, we will contact you by e-mail | | | | | | | | | | | | |

Name(s) of person(s) to whom correspondence should be addressed:

**Please also give the telephone number of a relative/friend/neighbour whom the school may contact if you are unavailable:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Student** | **Tel. No:** |
|  |  |  |
|  |  |  |

**Important Health Information**

Which medical practice is your child registered with.

**Name of Practice …………………………………………………………………………….. Tel. No.**

**My child suffers from.. ………………………………………………………………………………………….. requiring regular treatment**

**My child suffers from .……………………………………………………………………………………… which may require emergency treatment**

**If your child uses an inhaler, please ensure he/she always carries it with him/her at all times.**

Yes No

Is there any other illness / disability which may affect your child’s performance in school?

If so, please give details below:

**Other children in household -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname Forenames** |  | **Form at SHS** |  | **Relationship to student being admitted** |
| **Attending SHS** |  |  |  |  |
|  |  |  |  |  |
| **Other schools** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please give details of any additional information which you feel may be helpful, e.g., dietary needs.

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|  |

**Please provide school with the following information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnic Group  (e.g. White British, Asian etc.) |  | Transport to school (e.g. walk, bus, taxi etc.) |  |
|  |  |  |  |
| First Language |  | If travelling by bus please indicate bus number |  |
|  |  | (if known) |  |
| Home Language |  |  |  |
|  |  | If either parent is in the Armed Forces please |  |
| Religion |  | specify which parent and which Service |  |
|  |  |  |  |
| National Identity |  | Is your child in receipt of Free School Meals? |  |
|  |  |  |  |
| Country of Birth |  |  |  |

**Please take time to read the following on the school website** ([www.sheburnhigh.co.uk/school](http://www.sheburnhigh.co.uk/school) policies)

* **Data Protection Act 1998**
* **Acceptable Use Policy**
* **E-Safety Policy**

There are occasions when we may take photographs of the students at our school. We may use these images in our school prospectus or in other printed publications that we produce, as well as on our website. We may also make video or webcam recordings for school to school conferences, monitoring, or other education use.

Certain aspects of the Data Protection Act 1998 require us to have your permission to take and store photographs of digital images of your child for school use. Please let us know if you **DO NOT** want your child’s photograph to be used for this purpose, otherwise we will assume that we have your permission.

\*I agree/disagree to the Acceptable Use Policy/E-Safety Policy (\*please delete where appropriate)

Signed ....................................................................................................................... Date ....................................................