



**Fulford School**

Admission Date	Admission No.	Receipt confirmed
UCI Number	UPN Number	

**(for office use only)**

<b>Surname</b> (As stated on your Birth Certificate)	<b>Forename(s)*</b> Please underline the name by which you are usually known
<b>Date of Birth</b>	<b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>
<b>Country of Birth</b> ..... <b>Nationality</b> .....	
<b>Address</b> ..... ..... <b>Post Code</b> .....	
<b>Tel No</b> ..... <b>Email</b> .....	
<b>Resident Parent/Carer</b> (Dr/Mr/Mrs/Miss/Ms)	<b>Resident Parent/Carer</b> (Dr/Mr/Mrs/Miss/Ms)
Surname                      Forename	Surname                      Forename
Address (if different to above)	Address (if different to above)
Relationship to Child	Relationship to child
Occupation	Occupation
Member of Armed Forces:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Member of Armed Forces:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Tel No. in case of illness or emergency	Tel No. in case of illness or emergency
Email Address:	Email Address:
Mobile:	Mobile:
<b>Non-Resident Parent in event of divorce/separation</b>	<b>Non-Resident Parent Partner</b>
Surname                      Forename	Surname                      Forename
Address	Address
Relationship to Child	Relationship to Child
Occupation	Occupation
Member of Armed Forces:    Yes              No <input type="checkbox"/> <input type="checkbox"/>	Member of Armed Forces:    Yes              No <input type="checkbox"/> <input type="checkbox"/>
Tel No. in case of illness or emergency	Tel No. in case of illness or emergency
Email Address:	Email Address:
Mobile:	Mobile:

**(Please turn over)**

<b>Current GCSE subjects and predicted grades:</b>			
Please indicate your 3 preferred course choices and up to 2 further courses that you are also interested in (if you wish to take 4 courses, please put a * next to the 4 <sup>th</sup> course)			
<b>COURSE 1</b>	<b>COURSE 2</b>	<b>COURSE 3</b>	<b>OTHER COURSES</b>
<i>Option blocks will be created in January 2021 and given out at the Taster Days. If you complete and return your application form by Monday 4<sup>th</sup> January 2021, your choices will influence the option blocks.</i>			
State whether Fulford Sixth Form is your 1 <sup>st</sup> or 2 <sup>nd</sup> preference application			<input type="checkbox"/>
Other Sixth Forms applied to.....			
Previous Schools (most recent first)			
Does your child receive any additional help in school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes please give details:-			
Does your child have any medical conditions that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes please give details:-			
Is there any special information regarding home background or child's character/temperament which will call for care and attention? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes please give details:-			
Do you have any access issues that we should be aware of eg wheelchair user, hearing impaired, that would prevent your desired involvement in your child's education? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details			
Does your child receive free school meals?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you like your child to be registered on the school's Biometric Cashless Catering System?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes I/We understand that I/we may withdraw my child's registration at any time in writing.			
<b>Mode of Travel to School (please tick)</b>			
Cycle <input type="checkbox"/> Walk <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Car Share <input type="checkbox"/> Public Bus Service <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Ethnic Group: (please tick)</b>			
I do not wish an ethnic background category to be recorded <input type="checkbox"/>			
White: British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> White European <input type="checkbox"/> White other <input type="checkbox"/>			
Mixed: White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other mixed background <input type="checkbox"/>			
Asian/Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>			
Black/Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/>			
Chinese <input type="checkbox"/>			
Any other ethnic background <input type="checkbox"/>			
Religion: .....			
Home Language .....			
<b>Cultural and Religious considerations:</b>			
<b>Interests</b> , e.g. Guides, Scouts, Sports, Musical instruments played etc			

**If there is anything you wish to be kept confidential, please write personally to the Headteacher.**

Signature of Parent(s) / Guardian(s) ..... Date .....

Signature of Student ..... Date .....