

# LYMM HIGH SCHOOL

STRICTLY CONFIDENTIAL

## ADMISSION FORM

PUPIL INFORMATION

Surname:	Forename:
Other names:	Chosen name:
Sex (m/f):	Date of birth:
Address: House name House number and street Town County Postcode	
Home telephone number:	
Parental email address:	
Previous school:	

### OTHER CHILDREN AT THIS SCHOOL

	Name	Date of birth		Name	Date of birth
1			3		
2			4		

### DETAILS OF THOSE WITH PARENTAL RESPONSIBILITY (needed to enable the school and education authority to meet their legal obligations)

#### Parental Responsibility 1

Name: Mr/Mrs/Miss/Ms/Dr/other:	Relationship:
Address:	
Home telephone number:	Work telephone number:
Mobile telephone number:	

#### Parental Responsibility 2

Name: Mr/Mrs/Miss/Ms/Dr/other:	Relationship:
Address:	
Home telephone number:	Work telephone number:
Mobile telephone number:	

### Others having parental responsibility (includes unmarried fathers who have signed a legal agreement with the mother, or have a parental responsibility order from the courts, as well as step parents ONLY if they have a residence order from the court or have adopted the child)

Name:	Name:
Address:	Address:
Relationship to child:	Relationship to child:

Are there any court orders in force relating to this child? YES / NO

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

**For office use only:**

Form	HoH	Adm No	MIS
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**OTHER EMERGENCY CONTACTS IN CASE OF ILLNESS**, eg relation/neighbour/friend, in order of preference

Name:	Name:
Relationship:	Relationship:
Daytime telephone number:	Daytime telephone number:
Mobile telephone number:	Mobile telephone number:
Name:	Name:
Relationship:	Relationship:
Daytime telephone number:	Daytime telephone number:
Mobile telephone number:	Mobile telephone number:

**TRAVEL ARRANGEMENTS**

Main type	Code	✓	*Bus used	✓
Private car	C		37	
On foot	W		39/39A	
Bicycle	B		40/40A	
Contract bus	S		41/41A	
Taxi	X		42/42A	
Public bus*			47A	
			High Legh	

**LUNCH ARRANGEMENTS**

Meal type	Code	✓	*Home means your own home. If you have chosen this option, please enclose a letter addressed to the Head of Hall stating that this is your wish.
School meal	M		
Packed lunch	S		
Free school meal	F		
Go home*	H		

Does your child have any dietary problems which the school should be aware of, eg nut allergy? YES / NO  
If yes, details:

**MEDICAL INFORMATION**

DOCTOR'S NAME:	TELEPHONE NUMBER:
PRACTICE ADDRESS:	
Does your child have any medical conditions of which the school should be aware? YES / NO If yes, please give details or write a separate letter addressed to the Head of Year.	

<b>ETHNIC BACKGROUND</b>	✓
If your child is from a mixed ethnic or racial group, choose the most appropriate one.	
WHITE: British	
Irish	
Traveller of Irish heritage	
Gypsy/Romany	
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	
Any other black background	
CHINESE	
ANY OTHER ETHNIC BACKGROUND	
I do not wish an ethnic background to be recorded	

<b>MOTHER TONGUE</b>		✓
Bengali	BEN	
Cantonese	CAN	
English	ENG	
Greek	GRE	
Gudjurathi	GUD	
Hindi	HIN	
Italian	ITA	
Punjabi	PUN	
Portuguese	POR	
Spanish	SPA	
Turkish	TUR	
Urdu	URD	
Other	OTH	

<b>RELIGIOUS AFFILIATION</b>		✓
Anglican	ANG	
Baptist	BPT	
Christian	CHR	
Hindu	HIN	
Jewish	JEW	
Methodist	MTH	
Muslim	MUS	
Roman Catholic	ROC	
Sikh	SIK	
United Reformed	URC	
No religion	NON	
Other	OTH	

County of Birth:	Nationality:
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SIGNATURE OF PARENT/CARER 1:	SIGNATURE OF PARENT/CARER 2:
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