

STRICTLY CONFIDENTIAL

LYMM HIGH SCHOOL
ADMISSION FORM

PUPIL INFORMATION

Legal Forename:	Legal Surname:	
Preferred Forename:	Preferred Surname:	
Middle Name(s):	Date of Birth:	Sex (m/f):
House Name/Number:		
Street:		
Town:		
County:		
Postcode:		

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

PARENTAL RESPONSIBILITY 1:

Title (Mr/Mrs/Miss/Ms/Dr/Other):	Relationship:	
Name:		
Address:		
Email Address:		
Mobile Telephone:	Home Telephone:	Work Telephone:

PARENTAL RESPONSIBILITY 2:

Title (Mr/Mrs/Miss/Ms/Dr/Other):	Relationship:	
Name:		
Address:		
Email Address:		
Mobile Telephone:	Home Telephone:	Work Telephone:

OTHER CHILDREN AT THIS SCHOOL:

	Name	Date of Birth		Name	Date of Birth
1			3		
2			4		

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

OTHER EMERGENCY CONTACTS IN CASE OF ILLNESS e.g. relation/neighbour/friend, in order of preference

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name:	Name:
Address:	Address:
Telephone/mobile:	Telephone/mobile:
Relationship to child:	Relationship to child:

MEDICAL INFORMATION

Doctors 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.

ETHNIC BACKGROUND

Any other Asian background	
Any other Black background	
Any other ethnic group	
Any other mixed background	
Any other White background	
Bangladeshi	
Black - African	
Black - Caribbean	
Chinese	
Gypsy	
Gypsy/Roma	
Indian	
Other Gypsy/Roma	
Pakistani	
Roma	
Traveller of Irish heritage	
White - British	
White - Irish	
White and Asian	
White and Black African	
White and Black Caribbean	
I do not wish an ethnic background to be recorded	

FIRST LANGUAGE

Bengali	
Cantonese	
English	
Greek	
Gudjurathi	
Hindi	
Italian	
Punjabi	
Portugese	
Spanish	
Turkish	
Urdu	
Other	

RELIGIOUS AFFILIATION

Buddist	
Christian	
Hindu	
Jewish	
Muslim	
No Religion	
Other Religion	
Roman Catholic	
Sikh	

LUNCH ARRANGEMENTS

Free school meal	*Home means your own home. If you have chosen this option, please enclose a letter addressed to the Head of Year stating that this is your wish.
Sandwiches/Packed lunch	
School meal	
Home*	
	Does your child have any allergies we should be aware of, eg nut allergy? YES/NO
	If yes, details:

TRAVEL ARRANGEMENTS

Public bus	
Car/Van	
Cycle	
Dedicated School bus	
Walk	
Taxi	
Other	

PREVIOUS SCHOOL ATTENDED: _____