



**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>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)**

**Academic ability (GCSE subjects and predicted grades):**

**Please indicate your subject choices in each block**

BLOCK A	BLOCK B	BLOCK C	BLOCK D

**Please indicate possible reserve/additional options of interest**

Reserve Subject 1	Reserve Subject 2	Please note that if you would like to study Further Maths as a 5 <sup>th</sup> option, you should tick both Maths and Further Maths in Block B

**State preference order for your Fulford Sixth Form application (1,2,3)**

**Other Sixth Forms applied to** .....

**Previous Schools (most recent first)**

**Are you receiving additional help in school? (please tick)** Yes  No   
If yes, please give details

**Medical Information** (e.g. deafness, awaiting hospital treatment, diabetic, asthmatic, special medication, etc)

**Any access issues** for parents/guardians that we should be aware of (e.g. wheelchair user, hearing impaired) that would prevent your desired involvement in your son/daughter's education?  
 Yes. Please give details:

**Free School Meals (please tick):** Yes  No

**Biometric Cashless Catering:**  
I/we confirm that I/we wish my child to be registered on the school's Biometric Cashless Catering System .  
Yes   
I understand that I/we may withdraw my child's registration at any time in writing.

**Mode of Travel to School (please tick)**  
Cycle  Walk  Car/Van  Taxi  School Bus  Car Share  Public Bus Service  Other

**Ethnic Group: (please tick)**  
White: British  Irish  Traveller of Irish Heritage  Gypsy/Roma  White European  White other   
Mixed: White and Black Caribbean  White and Black African  White and Asian  Other mixed background   
Asian/Asian British: Indian  Pakistani  Bangladeshi  Any other Asian background   
Black/Black British: Caribbean  African  Any other Black background   
Chinese   
Any other ethnic background   
I do not wish an ethnic background category to be recorded   
Religion:.....  
Home Language.....

**Cultural and Religious considerations:**

**Interests**, e.g. Guides, Scouts, Athletics, Musical instruments played

**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 .....