

**Sir Thomas Rich's School
APPLICATION FOR ADMISSION
TO THE SIXTH FORM 2012**



Present School:

Surname: _____ Legal Surname: _____ Gender: M / F

Forename: _____ Middle Name(s): _____

Home Address: _____ Post Code: _____

Home e-mail address: _____ Pupil mobile No: _____

Home Tel: _____ Date of Birth: _____ Admission date: _____

Sibling in school (Y/N) Name: _____ Form: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

	Name/Relationship	Home Address * Phone * Mobile	Daytime * Phone * Mobile
1			
2			
3			

Medical Practice: _____ Telephone: _____
Address: _____

Medical Conditions: _____

First Language*: _____ Home Language: _____ Religion: _____

Ethnicity (please see over): _____

***First Language is the language that a pupil first experienced in their early childhood.**

Data Protection Act 1998: The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect this information and to keep it up to date. The School is required to share some of the data with the Local Authority and with the DfE. **PLEASE INFORM THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION.**

SIGNATURES:
Applicant: _____
Parent/Guardian: _____
Date: _____

FOR OFFICE USE ONLY	
Form	_____
Adm. No.	_____
House	_____