

**Sir Thomas Rich's School  
APPLICATION FOR ADMISSION  
TO THE SIXTH FORM 2010**



Present School:

Surname: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Forename: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

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	Day Address * Phone
1			
2			
3			

Medical Practice: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

First Language\*: \_\_\_\_\_ Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ *Please see overleaf for list of choices*

**\*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 DCSF. **PLEASE INFORM THE SCHOOL OF ANY CHANGES TO THE ABOVE INFORMATION.**

**SIGNATURES:**  
Applicant: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

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