



Fulford School

Admission Date	Admission No.	Receipt confirmed
UCI Number	UPN Number	

(for office use only)

Surname (As stated on your Birth Certificate)	Forename(s)* Please underline the name by which you are usually known
Date of Birth	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address Post Code Tel No Email	
Resident Parent/Carer (Dr/Mr/Mrs/Miss/Ms)	Resident Parent/Carer (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:
Non-Resident Parent in event of divorce/separation	Non-Resident Parent Partner
Surname Forename	Surname Forename
Address	Address
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:

(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 th 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