



Fulford School

Admission Date	Admission No.	HoH
House & Form	UPN Number	

(for office use only)

Surname (As stated on the child's Birth Certificate)	Forename(s)* Please underline the name by which the child is usually known
Date of Birth	Female <input type="checkbox"/> Male <input type="checkbox"/>
Country of Birth	
Address.....	
.....Post Code .....	
Tel No .....	

Resident Parent/Carer (Dr/Mr/Mrs/Miss/Ms)	Parent/Carer (Dr/Mr/Mrs/Miss/Ms)
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:
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 information will be collected from your child's Primary School.

Does your child receive any additional help in school? ☐ Yes ☐ No

If Yes please give details:

Previous Schools (most recent first):

Does your child have any medical conditions that we should be aware of:

☐ Yes ☐ No

If Yes please give details:

Is there any special information regarding home background or child's character/temperament which will call for care and attention at Secondary School?

☐ Yes ☐ No

If Yes please give details:

Do you have any access issues that we should be aware of e.g. wheelchair user, hearing impaired, that would prevent your desired involvement in your child's education?

☐ Yes ☐ No

If Yes please give details:

Does your child receive free school meals?

☐ Yes ☐ No

Would you like your child to be registered on the school's Biometric Cashless Catering System?

☐ Yes ☐ No

If Yes I/We understand that I/we may withdraw my child's registration at any time in writing.

Mode of Travel to School:

Cycle ☐ Walk ☐ Car/Van ☐ Taxi ☐ School Bus ☐ Car Share ☐

Public Bus Service ☐ Other ☐

Ethnic Group:

I do not wish an ethnic background category to be recorded ☐

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 ☐

Any 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 ☐

Religion.....

Home Language.....

First Language.....

Please provide any cultural and religious considerations:

Interests, e.g. Guides, Scouts, Athletics, Music instruments played:

If there is anything you wish to be kept confidential, please write personally to the Headteacher.

Signature of Parent(s)/Carer(s).....

Signature of Student..... Date .....



South York  
MULTI-ACADEMY TRUST