



Clacton County High School

Walton Road, Clacton-on-Sea, Essex, CO15 6DZ
Tel: 01255 424266 e-mail: admin@countyhigh.org.uk

Principal: Neil Gallagher

Admission Application Form

PLEASE USE BLACK INK

Date of completion of Form

Student Surname	Date of Interview
Is this your child's legal name? YES/NO	Date of Admission
Legal Surname	Form Group
Forename	Middle Names
Date of Birth	Male/Female (Delete as appropriate)
Address	
Post Code	Email address
Is the above address permanent? YES/NO (Delete as appropriate)	
Student Home Phone No.	

Previous School

Town, County/Borough

Previous Address

Post Code

Mother's Full Name

(Ms/Miss/Mrs)

Address (if different from student)

Post Code Phone No.

Father's Full Name

Address (if different from student)

Post Code Phone No.

Other Carer/Partner/Guardian(s)

(Mr/Ms/Miss/Mrs)

Address (if different from student)

Post Code Phone No.

Name(s) of student's legal guardian(s) (Please note this section must be completed)

Full names and addresses of any other known parents if different from above

(THIS INFORMATION IS NOW REQUIRED BY LAW)

Post Code

Is your child subject to a Child Arrangement Order? YES/NO (Delete as appropriate)

Are there any Court Orders relating to this student? YES/NO (Delete as appropriate)

FURTHER DETAILS REQUIRED

Optional Information:

Ethnicity: _____ (British, Indian etc.)
Languages Spoken at Home (Please give main language first) _____ (English, French etc.)
Nationality/Country of birth: _____

Has your child been permanently excluded from any other previous school?

YES/NO

(Please give details on a separate sheet)

If YES above please indicate name of school

Employment Details for Emergency Contact:

Mother/Legal Guardian: Workplace _____

Phone No. _____

Father/Legal Guardian: Workplace _____

Phone No. _____

Alternative Emergency Contacts *(Relatives, friends, neighbours etc.)*

1st Contact: Surname _____ Forname _____ (Mr/Ms/Miss/Mrs)
Relationship to Student _____ Phone No. _____

2nd Contact: Surname _____ Forname _____ (Mr/Ms/Miss/Mrs)
Relationship to Student _____ Phone No. _____

3rd Contact: Surname _____ Forname _____ (Mr/Ms/Miss/Mrs)
Relationship to Student _____ Phone No. _____

Medical Details

If your child has any disability or medical history please give sufficient details below.

Is your child currently statemented (EHCP) on stages of Assessment?

YES/NO *(Delete as appropriate)*

Has your child attended/been seen by any of the following within the last 12 months?

YES/NO

(Delete as appropriate)

- . Educational Psychologist YES/NO
- . Social Services YES/NO
- . Special Needs Support Service - Hearing Support YES/NO
- . Special Needs Support Service - Visual Support YES/NO
- . Special Needs Support Service - Behavioural YES/NO
- . EWMHS (Emotional, Wellbeing and Mental Health Service) YES/NO

Brothers and Sisters Now Attending Clacton County High School

Please add any relevant information

Please also sign below

I confirm that to the best of my knowledge, the information provided in this form is correct

Print Name.....Parent/Guardian

Signed.....

*The information on this form will be stored on the School Management Information System.
If any information you have given on this form changes, please advise the school immediately.*

Clacton County High School is a member of The Sigma Trust
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Registered Office: Clacton County High School, Walton Road,
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**Higher Expectations
Raising Aspirations**

