KIRKHAM GRAMMAR SCHOOL

Ribby Road, Kirkham, Preston, Lancashire PR4 2BH Telephone: 01772 684264 Fax: 01772 672747

REGISTRATION FORM – SIXTH FORM

(Request for a Place on the Waiting List)

1.	Surname of Your Child:						
	First Names: (Please underline the name general	☐ Male	☐ Male ☐ Female				
	Date of Birth:	Nation	ality:	Religion:			
2.	Type of Place (please tick):						
	Boarding		Weekly Boar	ding	Day Pupil		
	Proposed Year of Entry:	Propo	sed Month of I	ntry:			
	Have you registered your child's name with any other school/s and, if so, which?						
3.	Father's Title and Full Nar Address :	me:					
	Daytime telephone:			Mobile number:			
	Evening telephone:			Email address:			
	Pupil's home address:	Yes	O No	Occupation:			
4.	Mother's Title and Full Name: Address (if different from the above)						
	Daytime telephone:			Mobile number:			
	Evening telephone:			Email address:			
	Pupil's home address:	Yes	O No	Occupation:			
	Please mention here the names of any other members of the family attending the school or registered for entry; or any other connection with the school.						
6.	Please say how you first heard of the school. O Local reputation O Present school O Friend						
	Print Advertisement	O W	Vebsite O	Social Media Other (please give details)		

7.	Present School Name:		From:	To:				
	Address:		Postcode:					
	Name of Headteacher:							
8.	Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable):							
9.	Please give details of your child's other hobbies or interests (if applicable):							
Schola	I wish my child to be considered cademic Scholarship* Musicurship candidates must be available as note that Academic Scholarships	ic Scholarship	e designated date.	Scholarship	☐ Bursary			
11.	GCSE Subjects: (Please give Examination Board and Grade if already taken)							
	Subject	Exam Board	Date of Exam	Grade (if known)	Estimated Grade			
12.	Examination Centre Number							
	Universal Candidate Identific	cation Number (UCI No):						
13.	Probable choice of A-level/BTEC subjects:							
	Possible future career or University subject:							

Please list any special needs, disability, medical should be aware.	Please list any special needs, disability, medical conditions or special dietary requirements of which the school should be aware.				
Notes					
of places are subject to availability and the admission A copy of the current edition of the standard terms	will be considered in the order they are received. Offers on requirements of the school at the time offers are made. It is and conditions will be supplied on request and pursuant or Data Protection Privacy Notice can be found on the				
DECI	LARATION				
We request the name of our above named child be Registration Fee of £30 .	e registered as a prospective pupil for the non-returnable				
W/we enclose a cheque made payable to 'Kirkhai	m Grammar School' [[please tick] OR				
* • —	(please tick) to the account Kirkham Grammar School, Code: 01-04-84 IBAN: GB18NWBK01048474800841				
from time to time as circumstances require and wi also that the school (through the Headmaster, as purposes of the Data Protection Act 2018. The s about our child, including sensitive information	ditions of the school will undergo reasonable changes ll apply in all our dealings with the school. We understand the person responsible) is a data controller for the chool may obtain, process and hold personal information such as medical details, and we consent to this for the cred, in order to safeguard and promote the welfare of the				
First signature:	Second signature:				
Name in full:	Name in full:				
Relationship to the child:	Relationship to the child:				
Date:	Date:				

Please return this form to:

The Registrar, Kirkham Grammar School, Ribby Road, Kirkham, Preston, Lancashire PR4 2BH

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