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 generally used)		☐ Male ☐ Female				
	Date of Birth:	Nationality	:	Religion:			
2.	Type of Place (please tick):						
	Boarding	\Box w	eekly Boarding		Day Pupil		
	Proposed Term and Year of Entry:						
	Have you registered your child's name with any other school/s and, if so, which?						
3.	Father's Title, Full Name, Address and Occupation:						
	Daytime telephone:		Mobile numb	er:			
	Evening telephone:		Email addres	s:			
	Pupil's home address:	O Yes O	No				
4.	Mother's Title, Full Name, Address (if different from the above) and Occupation:						
	Daytime telephone:		Mobile numb	ar.			
	Evening telephone:		Email addres				
		O Yes O	No				
5.	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 he	ard of the school	. O Local reputation	O Present school	ol O Friends		
	O Print Advertisement	O Website	O Social Media	O Other (please	give details)		

7.	Please state the name, address and telephone number of the present school (with dates):							
	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):							
Schol	arship candidates must be avail	idered for: Music Scholarship	he designated date.		Bursar			
11.	GCSE Subjects: (Please give Examination Board	and Grade if already taken)						
	Subject	ıbject Exam Board		Grade (if known)	Estimated Grade			
12.	Examination Centre Number: Universal Candidate Identification Number (UCI No):							
13.	Probable choice of A-level/BTEC subjects:							
	Possible future career or University subject:							

14.	Special Needs:					
	Please list any special needs, disability, medical conditions or special dietary requirements of which the school should be aware.					
Notes						
of place A copy to the	es are subject to availability and the admission 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. and conditions will be supplied on request and pursuant Data Protection Privacy Notice can be found on the				
	DECI	ARATION				
"Kirkh the sta circum (throug Data P includa	nam Grammar School" for the non-returnable and ard terms and conditions of the school astances require and will apply in all our deal of the Headmaster, as the person respondent to the Act 2018. The school may obtaining sensitive information such as medical	e registered as a prospective pupil. A cheque payable to Registration Fee of £30 is enclosed. We understand that will undergo reasonable changes from time to time as ings with the school. We understand also that the school nsible) is a data controller for the purposes of the process and hold personal information about our child, details, and we consent to this for the purposes of o safeguard and promote the welfare of the child.				
First si	gnature:	Second signature:				
Name	in full:	Name in full:				
Relatio	onship to the child:	Relationship to the child:				
Date:		Date:				

Please return this form and registration fee of £30 (payable to "Kirkham Grammar School") to: The Registrar, Kirkham Grammar School, Ribby Road, Kirkham, Preston, Lancashire PR4 2BH

Kirkham Grammar School Registered Charity No: 1123869 and Registered Company No: 6195985