

Washwood Heath Technology College

New Intake

September 2009

Surname:

Forename(s):

Date of Birth:

Year Group:

M/F

Current Junior School:

Parent/Guardian:
Please state Mr, Mrs, Miss

Home Address:

Post Code:

Home Telephone Number:

Parents Email Address:

Names of brothers/sisters already attending WHTC:
(living at the same address)

Please give details of emergency contacts:

First Contact:

Name:
Please state Mr, Mrs, Miss

Relationship to student (ie parent/grandparent/relative/neighbour):

Home Telephone Number:

Mobile Telephone Number:

Second Contact:

Name:
Please state Mr, Mrs, Miss

Relationship to student (ie parent/grandparent/relative/neighbour):

Home Telephone Number:

Mobile Telephone Number:

Medical Details:

Name of Doctor:
Doctor's Address: Telephone Number:
Medical conditions affecting the student which you feel we should know about:

Ethnicity Details:

Ethnicity:	Home Language:	Religion:
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Dinner Arrangements (please tick):

Free School Meal <input type="checkbox"/>	Paid School Meal <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Home <input type="checkbox"/>
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Travel Arrangements (please tick):

Walk <input type="checkbox"/>	Bus <input type="checkbox"/>	Car <input type="checkbox"/>	Taxi <input type="checkbox"/>
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Why do you want your child to come to Washwood Heath Technology College?

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Please indicate if you would require a translation of any correspondence sent home:

Language:	Yes	No
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Signed:	Date:
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FOR OFFICE USE ONLY

Registration Group:	Form Teacher:
Admission No.	Date of Admission: