



# Clacton County High School

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

Executive Headteacher: Neil Gallagher  
Head of School: Chris Taylor

## 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.**

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**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

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### Please add any relevant information

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### 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.....

#### KS4 Students Only

Other than English, Maths and Science please list your GCSE/BTEC subjects with relevant exam boards

Subject	GCSE/BTEC or equivalent	Exam Board

*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.*

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Clacton-on-Sea, Essex, CO15 6DZ  
e-mail: [admin@sigmatrust.org.uk](mailto:admin@sigmatrust.org.uk) [www.sigmatrust.org.uk](http://www.sigmatrust.org.uk)

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Raising Aspirations**

