



QUALITY EDUCATION
FOR ALL

Bebington High Sports College

Higher Bebington Road
Bebington, Wirral, CH63 2PS
Telephone: 0151 645 4154
Fax: 0151 643 8065
Email: schooloffice@bebingtonhigh.wirral.sch.uk
Web: www.bebingtonhigh.com

STUDENT ADMISSION INFORMATION

Please complete all sections below in CAPITALS and place only one letter or number in each box.

PREVIOUS SCHOOL (S)																														
SURNAME																					YEAR GROUP									
FIRST NAME																					FORM GROUP									
OTHER NAMES																					GENDER (M OR F)									
DATE OF BIRTH																														
ADDRESS																														
POSTCODE																EMAIL ADDRESS:														

PLEASE GIVE DETAILS OF ALL PERSONS WHO HAVE PARENTAL RESPONSIBILITY AND ANYONE ELSE YOU WISH TO BE CONTACTED IN AN EMERGENCY.

Place them in the order you wish them to be contacted in an emergency.

NAME 1 & CONTACT ORDER 1 (including first name)

NAME																															
HOME ADDRESS																															
POST CODE																															
HOME TELEPHONE NO																MOBILE NO															
DAYTIME TELEPHONE NO																															
RELATIONSHIP WITH STUDENT																															
Is there parental responsibility with this person? Please tick box																				Yes		No									

NAME 2 & CONTACT ORDER 2 (including first name)

NAME																															
HOME ADDRESS																															
POST CODE																															
HOME TELEPHONE NO																MOBILE NO															
DAYTIME TELEPHONE NO																															
RELATIONSHIP WITH STUDENT																															
Is there parental responsibility with this person? Please tick box																				Yes		No									

STUDENT INFORMATION

Name

RELIGION

(Please tick appropriate box)

Christian	Hindu	Jewish	Muslim	Sikh	None	Other
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HOME LANGUAGE _____

ETHNICITY

(Please tick appropriate box)

White	Black-African	Black-Caribbean	Indian	Pakistani	Bangladeshi
Vietnamese	Chinese	Other			

LUNCHTIME ARRANGEMENT

(Please tick appropriate box)

TRAVEL TO SCHOOL BY

(Please tick appropriate box)

School Meal	School Bus
Sandwiches	Bicycle
Free Meal	Walking
Going Home	Public Transport
	Car
	Train

Doctor:	
Medical Practice:	
Address:	Postcode:
Telephone Number:	
Medical Condition	
Medical Note:	

e.g. asthma, hearing loss, needs to wear glasses etc

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.