

In-Year Admission Information Form

Please complete in **BLOCK CAPITALS** and return to admissions@tshlc.harrow.sch.uk
Please refer to our privacy notice available on the College website.



Application for a Place in Year: 7 8 9 10 11 (please circle as appropriate)

Legal Surname	Preferred Surname <i>(if different from legal surname)</i>
Legal Forename	Preferred Forename <i>(if different from legal forename)</i>
Legal Middle Name(s)	Date of Birth
Address	
Student's mobile number	
Religion	Parish Church
First Language	Home Language

Parental Information – First Contact

Title (Mr/Mrs/Ms/Miss/Dr)	Surname	Forename
Relationship to student <i>(Mother / Father / Carer / Step Parent)</i>		Parental Responsibility Yes ☐ No ☐
Address (if different to above)		
Telephone / Mobile		
Email address		
Are either of the student's parents/carers in Armed Forces? Yes ☐ No ☐		

Parental Information – Second Contact

Title (Mr/Mrs/Ms/Miss/Dr)	Surname	Forename
Relationship to student <i>(Mother / Father / Carer / Step Parent)</i>		Parental Responsibility Yes ☐ No ☐
Address (if different to above)		
Telephone / Mobile		
Email address		

Additional Emergency Contacts

Please provide details of additional contacts for use in emergency situations where the first two contacts are unavailable. Please make sure the person(s) detailed below have given you consent to share their information.

Name	Relationship to student
Telephone / Mobile	

Name	Relationship to student
Telephone / Mobile	



Educational History

Previous School	
Address and telephone number	
Date of admission	Date of leaving

Ethnic/Cultural Information

Information provided by: **Student** ☐ **Parent** ☐

Indian ☐	Black African ☐	White British ☐	Any Other Ethnic group ☐
Sri Lankan ☐	Black Caribbean ☐	White Irish ☐	Any Other Mixed Background ☐
Asian British ☐	Black British ☐	Traveller of Irish Heritage ☐	
Any other Asian Background ☐	Any other Black Background ☐	Any other White Background ☐	Refused ☐
Other (Please specify):			

Medical / Dietary Requirements

Medical Condition / Allergies	
Any Medication	
Dietary Requirements	
GP name and address	GP telephone
Any other relevant information	

If any of the details provided on this form change, please inform the college promptly.

Print Name: _____ Date: _____

Signature: (parent/carer) _____