

STUDENT ADMISSION FORM 2025/26

It is VITALLY important for your child's welfare that this information is received and kept up to date. Please fully complete the form below then sign and return it to Manor High School Office on or before their first day at school.

 This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). We are required by law to pass some of this information to the Local Authority and the Department for Education (DfE). Full details of our Privacy Notice can be found on our website: www.manorhigh.leics.sch.uk/Policies

SCHOOL USE ONLY:			
House	B / C / K / W		
Admission Date	/	/	Year
Admission No.			Reg

Legal forename (s)		Legal surname	
Preferred forename		Preferred surname	
Date of birth		Gender*	Male / Female
Home address			
Previous school			
Please list any siblings currently attending Manor High			

To receive communications from the school and access our online payment system, School Gateway, a mobile number and email address are essential for each parent requiring access.

EMERGENCY CONTACT 1: (MUST BE A PARENT/CARER WITH PARENTAL RESPONSIBILITY)			
Full name and title			Mr/Mrs/Ms/Miss*
Relationship to student		Parental responsibility*	Yes / No
Home telephone	Mobile		
Work telephone	Email		
Level of English spoken	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversational	<input type="checkbox"/> Not spoken
Address and postcode (if different from above)	Priority* 1 2 3		

EMERGENCY CONTACT 2^			
Full name and title			Mr/Mrs/Ms/Miss*
Relationship to student		Parental responsibility*	Yes / No
Home telephone	Mobile		
Work telephone	Email		
Level of English spoken	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversational	<input type="checkbox"/> Not spoken
Address and postcode (if different from above)	Priority* 1 2 3		

EMERGENCY CONTACT 3^			
Full name and title			Mr/Mrs/Ms/Miss*
Relationship to student		Parental responsibility*	Yes / No
Home telephone	Mobile		
Work telephone	Email		
Level of English spoken	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversational	<input type="checkbox"/> Not spoken
Address and postcode (if different from above)	Priority* 1 2 3		

* Please circle as applicable. ^ Please ensure you have gained authorisation from any additional contacts for us to hold their personal data in line with our Privacy Notice.

MEDICAL INFORMATION	
Any medical conditions or allergies	
	EpiPen required: <input type="checkbox"/> NO / <input type="checkbox"/> YES (Please ensure an EpiPen is kept at school and is in date)
Dietary requirements	<input type="checkbox"/> No Pork <input type="checkbox"/> Halal Meat Only <input type="checkbox"/> Nut allergy <input type="checkbox"/> No Dairy Produce <input type="checkbox"/> No Beef <input type="checkbox"/> Vegetarian <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Other:

CULTURAL INFORMATION			
Ethnicity	<input type="checkbox"/> White - British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Chinese <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Any other black background	<input type="checkbox"/> Any other mixed background <input type="checkbox"/> Any other white background <input type="checkbox"/> I do not wish an ethnic background to be recorded <input type="checkbox"/> Other (please state):
First language**	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state):	
Home language	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state):	
Child's Level of English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Competent <input type="checkbox"/> Developing competence	<input type="checkbox"/> Early acquisition <input type="checkbox"/> New to English
Religion	<input type="checkbox"/> Christian <input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim <input type="checkbox"/> No religion	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Sikh

** A first language should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

ADDITIONAL INFORMATION			
To allow us to fully support your child, please advise us if your child has any special educational needs (SEN):	<input type="checkbox"/> No SEN needs <input type="checkbox"/> Yes, they have been identified as having additional needs		
Does either parent serve in the armed forces? Yes / No	Is your child a young carer? Yes / No		
Schools and education settings have a statutory duty to support previously looked after children. Previously looked after children are entitled to Pupil Premium Plus funding to help support their education. If this applies to your family please contact your House Manager to discuss in confidence or, if preferred, tick this box to indicate your child was previously looked after. <input type="checkbox"/>			

MEDICAL AND PARENT/CARER DECLARATION	
<ul style="list-style-type: none"> I agree to my child receiving emergency medical treatment, including anesthetic and blood transfusions as considered necessary by the medical authorities present. I agree to give online consent for trips and excursions that involve a charge. I agree to inform the School Administration as soon as possible of any changes to the above, including medical information. 	
Signed:	Date:
Print name:	Relationship to child:

In addition to this form, please also complete your parental consents. The form can be found on our website: Governance – Policies – Links are in the tab “Student data forms and parental consents”