

Sixth Form Application Form 2017-2018

PERSONAL DETAILS	
SURNAME:	DATE OF BIRTH:
FORENAMES:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME ADDRESS: POST CODE:	TELEPHONE NO:
	MOBILE NO:
	EMAIL ADDRESS:
	CURRENT FORM CLASS:

PARENT/GUARDIAN	
PARENT/GUARDIAN FULL NAME:	EMERGENCY CONTACT NAME (In case of illness/accident)
ADDRESS: (If different from student)	HOME TELEPHONE NUMBER:
	MOBILE TELEPHONE NUMBER:
	PARENT/GUARDIAN'S SIGNATURE:

COURSE YOU WANT TO STUDY	PLEASE WRITE IN SUBJECTS AND THE TYPE OF COURSE (You will find full details of courses in the Prospectus)
Subject	Level (A Level/Btec)

REFERENCE: THIS PAGE TO BE COMPLETED BY RELEVANT MEMBER OF STAFF.

PLEASE TICK THE MOST APPROPRIATE BOXES	EXCELLENT	GOOD	ADEQUATE	POOR
ATTENDANCE (% IF POSSIBLE)				
PUNCTUALITY (% IF POSSIBLE)				
MOTIVATION				
SELF-DISCIPLINE				
RELATIONSHIP WITH STAFF				
RELATIONSHIP WITH STUDENTS				
FURTHER COMMENT:				
HAS THIS STUDENT BEEN REFERRED FOR SERIOUS MISCONDUCT DURING YEAR 10/11? YES <input type="checkbox"/> NO <input type="checkbox"/> If so please comment.				
HAS THIS STUDENT RECEIVED LEARNING SUPPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> If so please comment.				
DOES THIS STUDENT HAVE ANY ACCESS OR HEALTHCARE NEEDS? YES <input type="checkbox"/> NO <input type="checkbox"/> If so please comment.				
IS THIS STUDENT APPLYING FOR AN APPROPRIATE COURSE? YES <input type="checkbox"/> NO <input type="checkbox"/> Please add any addition comments about personal qualities or extra-curricular activities.				

Name: _____ Position: _____

Signature: _____ Date: _____

