

Sixth Form Application Form 2018-2019

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

EXAMINATIONS		SUBJECTS EITHER CURRENTLY STUDYING OR ALREADY TAKEN	
SUBJECT	LEVEL GCSE/BTEC	DATE OF RESULTS	ESTIMATED/ ACHIEVED GRADE

SUPPORTING STATEMENT

Why do you wish to join Trinity Sixth Form?

Why do you wish to study your chosen subjects?

What part time work, work experience and school responsibilities do you have?

What are your career aims?

ADDITIONAL SUPPORT

We want to ensure that all students receive any support they may need. Please answer the following questions and give brief details.

DO YOU RECEIVE ANY ADDITIONAL SUPPORT AT SCHOOL? YES NO

This information will be shared with a member of the support team who will discuss how best we can meet your needs at Trinity Sixth Form.

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: _____

