



SIXTH FORM /APPLICATION

APPLICANT'S PERSONAL DETAILS			
Surname:		Forename:	
Middle name:		Legal Surname:	
Chosen name:		Gender:	MALE
Date of Birth:		Country of Birth:	
Address:			
Post Code:			
PARENTAL RESPONSIBILITY AND EMERGENCY CONTACTS			
<p>Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Emergency contacts are very important if your son becomes ill during the day or needs urgent medical treatment we need to contact you or someone acting for you who is able to collect them.</p> <p>Please note that a contact MUST be listed on this form in order for us to share information or make contact with them. Parents/Carers are asked to provide at least TWO different contacts. Contact ONE should be the primary contact and should be the person with whom the pupil resides.</p>			
Priority	Full Name/Relationship to child	Home Address, Home Phone & Mobile	
○	----- (Full Name)	✉	----- ----- ----- ----- Post Code: -----
	----- (Relationship to child)	☎	----- (Main)
	Parental Responsibility: YES/NO	☎	----- (Other)
			✉

	_____ (Full Name)	✉	_____ _____ _____ Post Code: _____	
	_____ (Relationship to child)	☎	_____ _____	(Main)
	Parental Responsibility: YES/NO	☎	_____ _____	(Other)
		✉	_____ _____	(Email)
	_____ (Relationship to child)	☎	_____ _____	(Main)
		☎	_____ _____	(Other)
✉		_____ _____	(Email)	

HOME AND FIRST LANGUAGES

Home Language is the language that you as a family use at home on a daily basis. First Language is the language you used to communicate with your son as a young child.

Which language do you use at home (Home Language)?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (please state)
Which language did your first teach your son (First Language)?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (please state)

RELIGION

What religion is your son?	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other _____ (please state)	<input type="checkbox"/> None
If your son is a baptised Catholic, please provide details of your parish.	_____		

SCHOOL HISTORY

Name of current school:	_____			
Dates of attendance:	Started on:	_____	Left on:	_____
Did your son attend any other schools? If yes, please list these schools.	_____			

PROPOSED COURSE CHOICES

Applicants should indicate their proposed course choices in order of preference. First preference = 1, Second Preference = 2, Third Preference = 3 and Fourth Preference = 4. Students will generally study three courses. Please note that at this stage in the application process, these choices are indicative and subject to GCSE outcomes. The entry requirements are set out in the Sixth Form Admissions Policy and given in brackets after each subject (see below)

Subject	Preference				Subject	Preference			
Art	1	2	3	4	(Further) Mathematics	1	2	3	4
Biology	1	2	3	4	Music	1	2	3	4
Business Studies	1	2	3	4	Photography	1	2	3	4
Chemistry	1	2	3	4	Physics	1	2	3	4
Computing	1	2	3	4	Product Design	1	2	3	4
English Language	1	2	3	4	Religious Studies	1	2	3	4
English Literature	1	2	3	4	Sports Studies	1	2	3	4
French	1	2	3	4	BTEC Science	1	2	3	4
Geography	1	2	3	4	CTEC Business	1	2	3	4
History	1	2	3	4	CTEC IT	1	2	3	4
Mathematics	1	2	3	4	CTEC Sports Studies	1	2	3	4

GCSE MOCK EXAMINATION RESULTS

Subject	Mock Grade	Subject	Mock Grade

DECLARATION

I wish to apply for a place at St. Cuthbert's Sixth Form. The information and statements I have made on this form are true.

Name of Applicant: _____

Signature: _____ **Date:** _____

PARENTAL DECLARATION

I support my son's application to St Cuthbert's Sixth Form.

Name of Parent/Carer: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

Application received: _____ **Date:** _____ **Acknowledgement sent:** _____ **Date:** _____