

Sixth Form Application Form

**Personal Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Family Name:** |  |  |  | **Date of Birth:** |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Forenames: |  |  |  | Please Tick. Male | Female |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Home Address: |  |  |  | Telephone: |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Mobile: |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Email Address: |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Postcode: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Parent/Legal Guardian/Emergency Contacts** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Name of Contact | Address if differs from |  |  | Contact Numbers | Email address |  |
|  |  |  | above |  |  |  |  |  |
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|  | 1. |  |  |  | H: |  |  |
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|  |  |  |  |  |  | W: |  |  |
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|  |  |  |  |  |  | M: |  |  |
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|  | 2. |  |  |  | H: |  |  |
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|  |  |  |  |  |  | W: |  |  |
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|  |  |  |  |  |  | M: |  |  |
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|  | 3. |  |  |  | H: |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | W: |  |  |
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|  |  |  |  |  |  | M: |  |  |
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Please write in block capitals.



**Present or Most Recent Education**

**Full Name of Previous**

**School**

**Address of school**

**Contact Name for a referee**

**Contact email or phone**

**number of referee**

**Name of Head Teacher**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Subject name** | **Year of entry** | **Result** | **Estimated Grade** |  |
|  |
| **E.G: GCSE/BTEC** |  |  | **(if known)** | **(School use only)** |  |
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**Your Interests:**

Please tell us what interests and activities you enjoy. E.g. Sports, Music, Drama etc.

**Your Support**

We want to ensure that all our students receive any support that they may need. Please answer the following questions:

|  |  |  |
| --- | --- | --- |
| **Do you have a disability, learning disability or any** | **Yes –** | **No** |
| **medical condition?** | **Please provide details** |  |
| **Do you receive any additional support at school?** | **Yes –** | **No** |
|  | **Please provide details** |  |
| Details: |  |  |
|  |  |  |



Please write in the subjects you wish to study and tick the column for the type of course. You will find details of all our courses in our Prospectus. Most students will study 3 courses. Please indicate a 4th (reserve) subject,

|  |  |
| --- | --- |
| **Subject** | **A Level** |
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| 1. |  |  |
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| 2. |  |  |
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| 3. |  |  |
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| 4. |  |  |
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**Have you applied elsewhere?**

Yes/No

Is Holy Trinity Academy’s Sixth Form your first choice of place to study next year?

**Ethnic Information (please tick). Used for statistical purposes only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White – British |  | Any other mixed background |  | Black – Caribbean |  |
|  |  |  |  |  |  |
| White – Other |  | Asian – Indian |  | Black – African |  |
|  |  |  |  |  |  |
| White & Black Caribbean |  | Asian – Pakistani |  | Chinese |  |
|  |  |  |  |  |  |
| White & Black African |  | Asian – Bangladeshi |  | Any other Ethnic Group (please state) |
|  |  |  |  |  |  |
| White & Asian |  | Asian - Other |  |  |  |
|  |  |  |  |  |  |

**Your Consent**:

All personal data will be processed in full compliance with the Data Protection Act 1998. Personal data will only be processed to support your application.

I wish to apply for admission to Holy Trinity Academy Sixth Form College.

I agree to the information I have supplied being processed.

I certify that the information given is correct to the best of my knowledge.

Signed: Date:

Please return this form to Mr J Doust