



SIXTH FORM APPLICATION FORM

Personal Details				
Surname		First Name		Other names (also known as)
Current Home Address				Date of Birth
post code				Sex (please ✓)
M		F		
☎ Home		☎ Mobile		e-mail:

Disabilities/learning difficulties and/or support needs		
Will you need any support with your disability/learning difficulty while on your course?	Yes	No

Details of the people who have legal parental responsibility for this student					
Relationship to student	Mr, Ms, Mrs	Forename	Surname	Home address if different from student's	
Parent	☎ Daytime	☎ Evening	☎ Mobile		
				e-mail:	
Parent	☎ Daytime	☎ Evening	☎ Mobile		
				e-mail:	

Courses Applied For			
Subject	Level	Subject	Level

Please explain briefly why you are applying for these courses and outline your future career plan:

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Current School				
Dates attended above school	From		To	

Head of Year/House to provide a reference	
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Qualifications and Predicted Grades			
Subject	GCSE or other	Exam Date	Result/Predicted Grade

Employment and Work Experience:				
Name of Company				
Dates attended	From		To	

Brief description of any school based work experience, part-time or any voluntary work that you have done

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Supporting Information including sports, leisure activities and personal achievements

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Is Sheringham Sixth Form your first choice? Y / N