

Whitby Sixth Form

Proposed Year of Entry:

STUDENT APPLICATION FORM

Personal Details

Surname:	<input type="text"/>	Home Address:	<input type="text"/>
First name(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="text"/>	DOB:	<input type="text"/>
	<input type="text"/>	Age:	<input type="text"/>
Present School:	<input type="text"/>	Postcode:	<input type="text"/>
Parent(s)/Carer(s) Names:	<input type="text"/>	Email:	<input type="text"/>
<input type="text"/>	<input type="text"/>	Telephone:	<input type="text"/>
<input type="text"/>	<input type="text"/>	Mobile:	<input type="text"/>

Educational Background: Current GCSEs – Please state all the GCSE subjects you are studying below.

Please also indicate your predicted/target grade and the grade you are currently working at.

Subject	Predicted Grade	Current Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other Qualifications: Current GCSEs – Please state any other subjects you are currently working towards below, with both your predicted and current/ working at grade.

Subject	Predicted Grade	Current Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed study programme: Please indicate which courses you would like to study with us:

Subjects

What are your interests?

Student support details: Do you have any special educational needs? If so, please give details below:

[Redacted area]

Do you consider yourself to be a person with a disability (ie someone who has a physical or mental impairment, which has a substantial and long term adverse effect on your ability to carry out normal day to day activities? Y N

If yes, please give details:

[Redacted area]

Do you currently receive help or support with examinations at your present school?

Reader Scribe Extra Time Other (please specify) [Redacted area]

Do you have any health issues or allergies that we need to be aware of? [Redacted area]

Do you currently receive Free School Meals? Y N

Have you ever received Free School Meals in the last 6 years? Y N

Are you in Local Authority Care? Y N

Are you a young carer? Y N

Is Whitby Sixth Form your first choice for further education? Y N

If no, which institution do you consider to be your first choice? [Redacted area]

Next Steps: What do you plan to do after leaving Whitby Sixth Form?

University/Higher Education Apprenticeship Employment Other (please specify) [Redacted area]

Have either of your parents/carers or older siblings studied at university? Y N

What are your career intentions? [Redacted area]

How did you hear about Whitby Sixth Form?

[Redacted area]

Please complete this form and return it to:

Whitby Sixth Form, Airy Hill, Whitby YO21 1QA or email it to: post@ccwhitby.org

We are keen to keep you updates about life here at Whitby Sixth Form.

Please tick here to opt in to receive regular updates.

By completing this application form, you consent to Whitby Sixth Form adding your details onto a database which will be used for the purpose of enrolment.

Signature: _____ Date: _____

Please note, you can withdraw your consent at any time by contacting us.

For Office Use Only:

Interviewer: _____ Date: _____ Time: _____

Interviewer (alt): _____ Date (alt): _____ Time(alt): _____