



6TH FORM APPLICATION FORM
ADMISSION TO YEAR 12 - 2019

Please complete all sections and return together with a copy of passport or birth certificate and proof of address. The predicted grade section must be signed and stamped by your current school.

CHILD INFORMATION

Surname:.....

Middle name:.....

First name:.....

Preferred name:.....

Date of Birth:.....

Country of Birth:.....

Nationality:.....

Child's first language:.....

Child's second language:.....

Home language:.....

Religion:.....

Home address:.....

.....

.....

.....Postcode:.....

Previous school name and address:

.....

.....

.....

.....Postcode:.....

SUBJECT CHOICES

Student Name.....

Please complete the boxes below with your preference by number, 1 being your first choice. You should try to select these from the option blocks provided in the "Choices at 16" Booklet, and **although every effort will be made to give you your first choices but this is not always possible**, hence the need for preferences and option blocks. Your offer will list the subjects that we have offered you to study.

Pupils that wish to study Maths and Further Maths should choose Option 2 and two other A-Levels.

You should indicate **ONE** of the following pathways:

Option 1 – Either Triple BTEC only OR Three BTEC/A Levels and an Optional/Reserve Choice (to be studied until September if you are unsure of your options

Option 2 – Four A Levels and a Reserve Choice

Option 1 (3 A-Levels plus a Optional/Reserve Choice)

1. A-Level (1st choice)	2. A-Level (2nd choice)	3. A-Level (3 rd choice)	Optional/Reserve Choice

Option 2 (4 A-Levels plus a Reserve Choice)

1. A-Level (1st choice)	2. A-Level (2nd choice)	3. A-Level (3 rd choice)	4. A-Level (4 th choice)	Reserve Choice



PARENTS / CARERS INFORMATION

Contact No1

Surname:.....

First Name:.....

Address:.....

.....Postcode.....

Tel number:.....

Mobile number:.....

Work number:.....

Email address:.....

Relation to the child:.....

Contact No2

Surname:.....

First Name:.....

Address:.....

.....Postcode.....

Tel number:.....

Mobile number:.....

Work number:.....

Email address:.....

Relation to the child:.....

Carer's Surname:.....

First Name:.....

Address:.....

.....Postcode.....

Tel number:.....

Mobile number:.....

Work number:.....

Email address:.....

Please let us know if you do not want us to contact or write to any of the above.

SPECIAL EDUCATIONAL NEEDS

Does your child have a statement of special educational needs? YES / NO

If yes, please provide supporting documents.

Is your child entitled to Free School Meals? YES / NO

Parents/Carers signature:.....

Date:.....

Hammersmith & Fulham LEA List of Ethnic Categories

Pupil Name:

Year Group:

Date of Birth:

Ethnic Category: (Please tick one box only)

A	WHITE		For office use only
	British	<input type="checkbox"/>	WBRI
	Irish	<input type="checkbox"/>	WIRI
	Traveller of Irish Heritage	<input type="checkbox"/>	WIRT
	White Eastern European	<input type="checkbox"/>	WEEU
	White Western European	<input type="checkbox"/>	WWEU
	Gypsy/Roma	<input type="checkbox"/>	WROM
	White Other	<input type="checkbox"/>	WOTW
B	BLACK OR BLACK BRITISH	<input type="checkbox"/>	
	Caribbean	<input type="checkbox"/>	BCRB
	African	<input type="checkbox"/>	BAFR
	Any Other Black Background	<input type="checkbox"/>	BOTH
C	MIXED/DUAL BACKGROUND	<input type="checkbox"/>	
	White and Black Caribbean	<input type="checkbox"/>	MWBC
	White and Black African	<input type="checkbox"/>	MWBA
	White and Asian	<input type="checkbox"/>	MWAS
	Any Other Mixed Background	<input type="checkbox"/>	MOTH
D	ASIAN OR ASIAN BRITISH	<input type="checkbox"/>	
	Indian	<input type="checkbox"/>	AIND
	Pakistani	<input type="checkbox"/>	APKN
	Bangladeshi	<input type="checkbox"/>	ABAN
	Any Other Asian Background	<input type="checkbox"/>	AOTH
E	CHINESE	<input type="checkbox"/>	CHNE
F	ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	
	Afghan	<input type="checkbox"/>	OAFG
	Arab Other	<input type="checkbox"/>	OARA
	Egyptian	<input type="checkbox"/>	OEGY
	Iranian	<input type="checkbox"/>	OIRN
	Iraqi	<input type="checkbox"/>	OIRQ
	Kurdish	<input type="checkbox"/>	OKRD
	Lebanese	<input type="checkbox"/>	OLEB
	Moroccan	<input type="checkbox"/>	OMRC
	Any Other Ethnic Group	<input type="checkbox"/>	OOEG
G	I do not wish any ethnic background to be recorded	<input type="checkbox"/>	REFU

Information provided by: pls tick one box

Parent/Guardian

Pupil



EXAMINATION DETAILS – APPLICATION FOR SIXTH FORM STUDY

Please note: Section E must be completed and signed by a **SENIOR MEMBER OF STAFF AT THE CANDIDATE SCHOOL**, not the candidate. Alternatively, the school may complete and submit a computer-generated report showing the candidate's current predicted grades. Please provide details for **ALL GCSE** subjects being studied/already awarded.

CANDIDATES DETAILS

NAME:

BIRTH DATE:

QUALIFICATIONS ALREADY AWARDED (GCSEs, A LEVEL ETC)

SUBJECT	LEVEL	GRADE	YEAR

PREDICTED GRADES

SUBJECT	GRADE	SUBJECT	GRADE

OTHER NON-GCSE PREDICTED GRADES (E.G DiDA ETC)

SUBJECT	GRADE	SUBJECT	GRADE

MEMBER OF STAFF DETAILS

SCHOOL NAME	
STAFF NAME	
POSITION	
SIGN & DATE	
SCHOOL STAMP	

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Do the predicted grades meet the minimum level of attainment: YES or NO?

