



## Sixth Form Application Form - September 2019 Entry

Please return to Ms E. Nicholls by Friday 11<sup>th</sup> January 2019

Please complete in **BLOCK CAPITALS**

**STUDENT'S SURNAME:**

**HOME TEL. NUMBER:**

**FIRST NAME:**

**MOBILE:**

**MIDDLE NAME:**

**EMAIL ADDRESS:**

**Date of Birth:**

**ADDRESS:**

**POSTCODE:**

**Time at this address: Yrs            Mths**

*(If you have lived at this address for fewer than three years please give previous address below)*

**PREVIOUS ADDRESS:**

**POSTCODE:**

**Time at this address: Yrs            Mths**

**DETAILS OF PERSON(S) WITH PARENTAL RESPONSIBILITY – *do not return without completing***

**Title:            Initials:**

**Surname:**

**Relationship to student:**

**Address:**

*(If different from above)*

**POSTCODE:**

**HOME TEL. NUMBER:**

**MOBILE NUMBER:**

**WORK TEL. NUMBER:**

**EMAIL ADDRESS:**

**Title:            Initials:**

**Surname:**

**Relationship to student:**

**Address:**

*(If different from above)*

**POSTCODE:**

**HOME TEL. NUMBER:**

**MOBILE NUMBER:**

**WORK TEL. NUMBER:**

**EMAIL ADDRESS:**

**For completion by all candidates inline with updated UK government requirements**

<b>Country of birth:</b>	<b>Nationality:</b>
<b>Ethnicity:</b>	<b>Home language:</b>

**FOR COMPLETION BY EXTERNAL CANDIDATES ONLY – *Do not return without completing***

<b>NAME OF PRESENT SCHOOL:</b>	<b>Unique Pupil Number (UPN):</b> Available from your school office (13 characters)
	<b>Unique Candidate No (UCI):</b> Available from your examinations officer (13 characters)
	<b>Unique Learner Number (ULN):</b> -if available- (10 characters)
<b>Form:</b>	
<b>Time at school (years):</b>	
<b>SCHOOL ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>REFEREE'S NAME AT CURRENT SCHOOL (e.g. Year Head)</b>	
<i>(If you have attended the above school for less than three years please give details of previous school)</i>	
<b>NAME OF SCHOOL:</b>	
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>REFEREE'S NAME AT SCHOOL (i.e. Year Head)</b>	
If any relatives attend, or have attended, Norbury Manor Business & Enterprise College please give details:	

GCSE Subjects Summer 2018	Predicted Level 9-1	Staff Comment and signature	GCSE Subject Summer 2018	Predicted Level 9-1	Staff Comment and signature
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

Please give details of any examinations already taken, or any other certification already obtained, e.g. Duke of Edinburgh Award Scheme etc.

Please state the courses you are interested in, **having read the entry requirements in the prospectus**. Give acceptable alternatives in case your first choices are not possible:

**Subjects:**

- 1.
- 2.
- 3.
- 4.

**Alternatives:**

- 1.
- 2.
- 3.
- 4.

Are there any other circumstances you wish us to be aware of and to take into account when considering your application?

**Declaration:**

- I would like my application for entry to the Sixth Form at Norbury Manor Sixth Form to be considered
- I agree to abide by the general regulations of the college and Sixth Form
- The information I have given is true to the best of my knowledge

**Signatures:**

Applicant:

Parents/carer:

Date:

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**Student Support Requirements**

Norbury Manor Sixth Form is committed to ensuring that all of our students are treated fairly. We seek to provide additional learning support where required (e.g. dyslexia, health or mental health needs, learning or mobility difficulties)

**Please indicate the specific support you require and if any special arrangements can be made:**

**Do you have a Statement of Special Educational Needs? Yes/No**  
(if yes, please send us a copy with your application form)

**Is English your second language? Yes/No**  
(If yes, do you have any support in school for this?)

**Have you been eligible for free school meals (FSM) in the last six years? Yes/No**

**If you have any additional support at school, or if any special arrangements are made for you in class during exams, please complete contact details for the person who arranges this for you so that we can continue helping you next year:**

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel. No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Information supplied may be used for registered purposes under the terms of the Data Protection Act**

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/carer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_