**First Name(s): Surname:**

**Your Local Authority of Residence:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **THE SIXTH FORM APPLICATION FORM**

For Admission to Year 12 in September 2020



**THE JOHN FISHER SCHOOL**

Peaks Hill, Purley CR8 3YP

Tel: 020 8660 4555

e-mail: k.cooney@johnfisherschool.org

**Please return this form to either the School Office or electronically to Mrs Cooney on** k.cooney@johnfisherschool.org

**by Friday 13th December 2019**

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **First Name(s)** |  |
| **Surname** |  |
| **Date of Birth (DD/MM/YY)** |  |
| **Home Address** | **Postcode** |
| **Mobile Telephone:** |  |
| **Email address:** |  |
| **Religious Denomination** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parental/Carer Details** | **Title**  | **First Name** | **Surname** |
| **Relationship to Candidate** |  |
| **Address, including postcode****(if different from Candidate’s address given above)**  |  |
| **Contact Information** | **Contact Telephone Number** | **e-mail Address:** |

\*The term 'Parent' also includes any person who is not a parent of the Candidate but who has parental responsibility (as defined by the Children Act 1989)

**Candidate’s Current School**

|  |  |
| --- | --- |
| **School Name** |  |
| **School Address** | **Post Code** |

**COURSE DETAILS**

**Which course do you wish to follow?**

**BTEC National Diploma Triple Award** (NB: You cannot combine a Triple award with A Levels)

|  |
| --- |
| **Business or Sports:**  |

 **A Level** **/BTEC Single or Double:** Please identify your subject choices below, please ensure you have reviewed the provisional Option Blocks to make sure they your choices fit. Most students will be choosing 3 subjects so you do not need to choose a subject in each block.

|  |  |
| --- | --- |
| **Option Block** | **Subject** |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **Further Maths / Core Maths** |  |
| **Reserve choice**  |  |

|  |  |  |
| --- | --- | --- |
| **Do you have a Statement of Special Educational Needs?***Please tick* | **YES** | **NO** |

**If admitted to The John Fisher School Sixth Form, I agree to familiarise myself with the school regulations and abide by them.**

**SIGNATURE OF APPLICANT**

**Signed ……………………….................................................. Date………………………...**

**Applicant**

*NB: The signature of the Applicant is essential.*

**Signed ……………………….................................................. Date………………………..**

 **Parent/Carer**

*NB: The signature of a Parent/Carer is optional.*