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

**Your Local Authority of Residence:**

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

# **THE SIXTH FORM APPLICATION FORM**

For Admission to Year 12 in September 2021



**THE JOHN FISHER SCHOOL**

Peaks Hill, Purley CR8 3YP

Tel: 020 8660 4555

E-mail: c.cooney@johnfisherschool.org

**Please return this form electronically to Mrs Cooney on** c.cooney@johnfisherschool.org

**by Friday 11th December 2020**

**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** | **Email 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**

|  |
| --- |
| **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**  |  |
| **Reserve choice**  |  |

|  |  |  |
| --- | --- | --- |
| **Do you have any Special Educational Needs and/or Disabilities?** | **YES** | **NO** |
| **Do you have an Education, Health and Care Plan?** |  |  |
| **At GCSE, did you receive any exam access arrangements and if so what were they? E.g. 25% extra time, rest breaks etc.** |  |  |

**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.*