

Sixth Form Application 2017

Office use: Date received

Internal / External Candidate (please circle)



Please complete in black capitals.

Personal Details

Surname: _____

Forenames: _____ Preferred Name: _____

Date of Birth: ____/____/____ Day/Month/Year

Home Address: _____

Postcode: _____

Home Tel No: _____ Student's Mobile _____

Student's email Address: _____

Have you been living in the UK since 1st September 2008 Yes ___ No ___

For Non-British passport holders, do you have a student visa? Yes ___ No ___

Passport Number: _____

What is your current country of residence? _____ What is your country of birth? _____

Please give names (s) and address(es) of secondary school (s) attended during the last five years (with dates):

Parents/Carers (If address if different from above, please specify)

Contact 1: Relationship to Applicant _____

Title: _____ Surname: _____

(Mr/Mrs/Miss/Ms)

Forenames: _____ Daytime Tel No: _____

Email: _____ Mobile Tel No: _____

Contact 2: Relationship to Applicant _____

Title: _____ Surname: _____

(Mr/Mrs/Miss/Ms)

Forenames: _____ Daytime Tel No: _____

Email: _____ Mobile Tel No: _____

Social, Sporting and Employment Activities

Career and Further Education Intentions

Learning Support Needs

The Crest Academy is committed to ensuring that students with disabilities, including those with learning difficulties, are treated fairly. We seek to provide additional learning support where required. Is there any information we should have in order to provide this service? (eg dyslexia, visual or hearing impairment. Mobility difficulties, health problems). Please include the specific support you require.

Medical conditions and dietary requirements

Please detail any medical conditions or dietary needs, including allergies, which we know about:

Medical practice name: _____

Doctor's name: _____

Address: _____

Telephone number: _____

Medical Consent (To be completed by Parent/Guardian)

In an emergency, it may not be possible to contact parents/carers. In such circumstances, we ask that you authorise a member of the school staff to give consent to medical treatment recommended by the medical practitioners involved in the accident or emergency.

I authorise a member of The Crest Academy's staff to consent to medical treatment for my child on my behalf in an emergency.

Signed: _____ Date: _____

What form of transport will you use to travel to Sixth Form?

What is your local Authority where you reside?

External Applicants Only: Reference. To be completed by the applicant's school or college. (Normally an applicant will not be considered until a reference is received.) Please also attach the applicant's latest attendance certificate.

Personal Qualities

	Outstanding	Good	Requires Improvement	Inadequate		Outstanding	Good	Requires Improvement	Inadequate
Attendance					Relations with Adults				
Punctuality					Relation with Peers				
Initiative					Self Confidence				
Reliability					Organisation e.g. ability to meet deadlines				

Learning Support Needs: Please comment on any learning support needs, especially any that have not been mentioned by the applicant.

Academic Reference

Suitability for chosen courses

Suitable for Academic courses Y / N Suitable for Applied and Technical courses Y / N

If you have reservations about the suitability of the applicant, please explain them here:

School Stamp

Signed:

Position held.....

Choices.

Please read these notes carefully before completing this part of the form.

1. This form should be used for making an application for a place in the Sixth Form.
2. You should consult the course information booklet and seek advice from your current teachers, a careers adviser and the Sixth Form subject teachers before making your choice.
3. For each course you must also meet individual subject entry requirements published in the Course Information Booklet. Final decisions on which subjects or courses can be followed will be made in light of examination results and careers aspirations.

Proposed Course

Please list the subject (s)/ course (s) you would like to at The Crest Academy in order of preference. NB. Refer to the Course Information Booklet and subject entrance requirements.

Subject	Level (eg A Level, Applied Technical)
1.	
2.	
3.	
4.	

Other subjects you would like to take:

Interview Dates

Please specify if there are any dates you would be unavailable for interview:

If admitted to the Academy I agree to read and follow the Academy regulations and the Sixth Form Code of Conduct Agreement.

Signature of applicant _____ Date: _____

Signature of Parent/Guardian

I support this application _____ (relationship to applicant) _____

Please print name and address to which communications (eg reports) should be sent:

Name (Mr and Mrs) _____

Address: _____

Postcode: _____

For Crest Academy's Admin use only

- Conditional Offer
- Unconditional Offer
- Parents Seen
- Reference Seen

Additional Information:

Interviewer (print name):

GCSE results statements photocopied:

Date offer accepted#;

Initials: Date:

...../...../.....

Return **fully completed** Application form to: Mrs Lorna Jules, Sixth Form Admissions, The Crest Academy, Crest Road, Neasden, NW2 7SN E: lorna.jules@e-act.org.uk



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Every student a leader

E-ACT



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