

Sixth Form Application Form



ALSOP HIGH SCHOOL

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Legal Surname:		Home Address:	
Legal Forename(s):			
Preferred Name(s):		Postcode:	
Age on 1st September 2020:		Home Telephone:	
Date of Birth:		Mobile:	
Male:	Female:	Email:	

Present School or College Attending	Date From	Date to

Examinations already taken and/or to be taken in the current academic year

Date	GCSE Subjects	Level	Predicted Grades/Results	Date	BTEC Subjects	Level	Predicted Grades/Results

Your choice of course

Our aim is to ensure that you choose a programme of study that is suitable for you and that will help you achieve your full potential. We are here to help and advise you. Your final choice of course need not be made until after you have your results.

Are you, at this stage, fairly sure which course you wish to take at Alsop High School Sixth Form? YES NO

Please list the subjects you may be interested in studying.
(There will be several opportunities for you to discuss this further before final choices are made)

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Why are you applying to Alsop Sixth Form Centre?

What are your plans post Sixth Form? University Career?

Applicant's Signature:

Parent/Guardian Name:

Parent/Guardian Signature:

Emergency Contact Name:
