

PENSBY SIXTH FORM - APPLICATION FORM 2016 - 18

All prospective students should complete and return it the school Head of Sixth Form
BLOCK CAPITALS PLEASE

Full Name:			
Address:			
Postcode:			
Home Telephone:			
Mobile Number:			
E Mail address(parent):			
E Mail address (student):			
Date of Birth:		Gender:	
Present School:			
Full Name of Mother:			
Full Name of Father:			
Do you live with both your parents? (please tick)	Yes:	No:	Elsewhere:
If we write home to your Parents/Guardian, to whom do we address the letter?			
Courses you may wish to study (Maximim of 1 per option block)			
Course (Preferred order)	Level (e.g. A Level, BTEC)	OFFICE USE	
1.			
2.			
3.			
Reserve 1			
Reserve 2			
Possible Career aim:			
State briefly what you may wish to do when you leave the Sixth Form:			
QUALIFICATIONS GAINED OR ABOUT TO BE GAINED			
Subject	Qualification (GCSE, BTEC etc.)	Final Grade / Level or latest monitoring grade	

Name of Doctor:	Address:
	Telephone Number:

Medical Conditions:

FOR COMPLETION BY PARENT / CARER

I support this application and to the best of my knowledge the details are accurate.

Parent's or Carers signature: _____ Date: _____

Please send the completed application to:

Mrs H Wimpres
 Assistant Head Teacher, Key Stage 5
 Pensby High Schools
 Irby Road
 Heswall
 Wirral
 CH61 6XN
 Tel. 0151 342 0570
 Fax 0151 342 0571
 Email schooloffice@psf.wirral.sch.uk

Tick which of these was the strongest influence on your decision to apply to our Sixth Form.

Careers Officer Open Evening Personal recommendation

Teacher(s) Already at the school Other

If "personal recommendation" or "other" please specify

ETHNICITY: As part of our Equal Opportunities Policy, we need to monitor the needs of students. Please help us by providing the following information: (please tick)

Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Asian other	<input type="checkbox"/>
African	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>	Black other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White/Asian	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	White/British	<input type="checkbox"/>	White/Irish	<input type="checkbox"/>
White/other	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any other	<input type="checkbox"/>

PLEASE RETURN THIS COMPLETED APPLICATION FORM AS SOON AS POSSIBLE