

HOWARD OF EFFINGHAM SCHOOL SIXTH FORM APPLICATION FORM FOR COURSES COMMENCING SEPTEMBER 2017



STUDENT'S SURNAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

PARENT/CARER DAYTIME TELEPHONE: _____ PARENT/ CARER EMAIL ADDRESS: _____

EXTERNAL STUDENTS - Additional information request
PRESENT SCHOOL & ADDRESS <i>(please note that this information is required for the purpose of obtaining predicted grades)</i>

A LEVEL COURSE

Choose FOUR AS/BTEC (Level 3) courses. A few students may opt to study five AS subjects. Please refer to the Prospectus for entry requirements or contact Mr Taylor or Mrs Jeffery if you have any queries.

SUBJECT	* Year 11 Teacher recommendation that this is an appropriate course	** Subject Leader recommendation where applicable
1		
2		
3		
4		
5		
Reserve Subject:		

* For subjects already being studied at GCSE, students should ask their present teacher to sign this recommendation column.

** For internal applicants where the subject is new, students should take their latest school report to the Subject Leader as listed in the Prospectus and ask them to complete this recommendation column.

Staff will consider choice of subject by initialling the box and using the code:
S = satisfactory choice, B = borderline choice, U = unsuitable choice of subject.

SUPPLEMENTARY INFORMATION <i>(optional)</i>
In order for us to offer careers advice regarding your choice of subjects, if known please outline any future career plans.

INTERNAL STUDENTS – Please pass your application form to your Year Leader so that they are aware of your plans

Year Leader's Signature: _____

PARENT/CARER'S CONSENT:
 I should like my son/daughter to enter the Sixth Form for the courses detailed above.

Name of Parent/Carer _____ *(please print)*

Signature _____

**PLEASE RETURN THIS FORM TO YOUR FORM TUTOR
 (or MRS JEFFERY for external applicants) BY WEDNESDAY 1 FEBRUARY 2017**