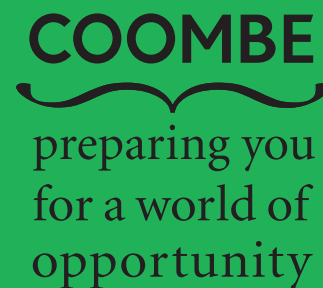


Coombe Sixth Form Application Form



Application for academic year:

Section A

Applicant's details to be completed in block capitals by parent/guardian

Son/daughter's surname:

Son/daughter's first name(s):

If your son or daughter is studying currently at Coombe Girls' School or Coombe Boys' School please go straight to Section B.

Son/daughter's date of birth:

Local borough:

The borough to whom you pay your council tax.

Son/daughter's home address:

Is your son/daughter a British citizen? Yes No

If not, please state date of arrival in UK:

Postcode:

Please note: a copy of your son/daughter's passport will be taken by the school.

Previous school

Name and address of previous school:

Reason for leaving:

Postcode:

Parental responsibility

Parent/Guardian 1:

Parent/Guardian 2:

Relationship:

Relationship:

Address:

Address if different from Parent/Guardian 1:

Postcode:

Postcode:

Any other person who has parental responsibility for the applicant entering the school by Order of the Court and prescribed in The Children Act:

Name:

Telephone no:

Home address:

Relationship:

Postcode:

Does the person with parental responsibility require copies of school reports in addition to parent/guardian? Yes No

Please indicate if any of these parents/guardians do not have 'parental responsibility' as defined in The Children Act (please refer to www.coombesixthform.org).

Contact numbers

We contact you by mobile phone to let you know that your son/daughter is absent from school.
Please note this number must be kept up-to-date.

Contact 1:		Contact 2:	
Relationship to student:		Relationship to student:	
Daytime phone no:	Mobile no:	Daytime phone no:	Mobile no:
Email address:		Email address:	
Signature:		Signature:	

Should an emergency occur at school, it is sometimes necessary to contact a parent/guardian during the daytime.
Please supply an additional emergency contact name and number below:

Emergency Contact 1:		Emergency Contact 2:	
Relationship:	Daytime phone no:	Relationship:	Daytime phone no:

Health

Doctor's name:	Surgery name and address:
Telephone no:	
	Postcode:

Please give details of any medical conditions of which the school should be aware.

Has your son/daughter had any operations or serious illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:
Does he/she need to take regular medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:
Does he/she have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:
Does he/she have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:
Does he/she have any sight or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:
Is your child registered as disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:
Does your son/daughter have a significant health need which means he/she will require extra supervision (medical, sight, hearing, mobility)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answer 'yes', you will be required to complete a more detailed individual health form.

Languages

Please list languages spoken by your son/daughter.

First language:	Second language:
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Ethnic origin

Please select your son/daughter's ethnic origin and religious beliefs.

This information will remain strictly confidential.

				Religion	
White	English	Mixed / dual background	White & Black Caribbean	Buddhist	
	Scottish		White & Black African	Christian	
	Welsh		White & Asian	Hindu	
	Other White British		Other mixed background	Jewish	
	Irish	Asian or Asian British	Indian	Muslim	
	Traveller (Irish Heritage)		Pakistani	Sikh	
	Albanian		Bangladeshi	Other religion	
	White European		Sri Lankan Tamil	No religion	
	White Western European		Sri Lankan Sinhalese	Asylum/Traveller Status	
	Gypsy		Sri Lankan other	Traveller	
	Roma		Other Asian	Refugee	
				Asylum Seeker	
Black or Black British	Caribbean	Korean, Chinese or other	Korean		
	African		Chinese		
	Other black background		Other		

Section B

Intended courses

Subject	A Level/Combined BTEC courses/International Baccalaureate
1	
2	
3	
4	
5	

Career and hobbies

Further education goals: Career possibilities:	Extra-curricular interests:
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Special Educational Needs

Does your son/daughter have any Special Educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did your son/daughter have any special considerations for examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please give details:	Please give details:

Which stage is your son/daughter at on the Code of Practice?

<input type="checkbox"/> School Action	Please give details:
<input type="checkbox"/> School Action Plus	
<input type="checkbox"/> Statemented	

Exclusions

Has your son/daughter been excluded from school, either on fixed-term basis or permanently, during KS3 or KS4? Yes No

Please give details:

Parent/Guardian signature

I confirm that all the details I have provided are true. I understand that failure to provide accurate information may jeopardise this application.

Signature:

Date:

Section C

Confidential reference – to be completed by the applicant's current school

Applicant's name:

Date of birth:

Predicted examination grades:

Subject	Level	Effort A-E	Prediction	Grade achieved if taken

Special Educational Needs

Does the applicant have any Special Educational needs? Yes No

Please give details:

Did the applicant have any special considerations for examinations? Yes No

Please give details:

Which stage is the applicant at on the Code of Practice?

<input type="checkbox"/> School Action
<input type="checkbox"/> School Action Plus
<input type="checkbox"/> Statemented

Please give details:

Further information

1 = Excellent 2 = Good 3 = Satisfactory 4 = Poor

	1	2	3	4
Relationships with other students				
Relationships with staff				
Attitude to study				
Suitability for courses requested				
Attendance				
General behaviour				

Student UPN (Unique Pupil No):

Student UCI (Unique Pupil Indicator):

Further comments:

Exclusions

Has the applicant been excluded from school, either on fixed-term basis or permanently, during KS3 or KS4? Yes No

Please give details:

Signature

Designation:

Date:

Return to:
Admissions Officer
Coombe Sixth Form
Clarence Avenue
New Malden
Surrey KT3 3TU

Please attach a record of this applicant's attendance and punctuality.