



A joint Catholic & Church of England Academy

Sixth Form Application Form

About Yourself

Family Name:	Date of Birth:
Forenames:	Please Tick Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address:	Telephone:
	Mobile:
	Email Address:
Postcode:	Local Authority/Council:

Parent/Legal Guardian

Your Mothers/Fathers/Legal Guardian Full Name:	Emergency Contact Name:
	Emergency Telephone Name:
Address (if different from above):	Local Authority/Council:



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Your Interests:

Please tell us what interests and activities you enjoy, e.g. Sports, Music, Drama etc.

Your support

We want to ensure that all our students receive any support that they may need.

Please answer the following questions:

Do you have a disability, learning disability or any medical condition?	Yes - Please provide details <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive any additional support at school?	Yes - Please provide details <input type="checkbox"/>	No <input type="checkbox"/>

Details

Doctors name, address and telephone:

Ethnic Origin	Tick	Language	Tick	Religion	Tick
White UK Heritage	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Christian	<input type="checkbox"/>
White European	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
White Other	<input type="checkbox"/>	English	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Black - African	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>	Gudjurathi	<input type="checkbox"/>	Sikhi	<input type="checkbox"/>
Black - Other	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Other - Please specify	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>	Spanish	<input type="checkbox"/>		
Another ethnic group	<input type="checkbox"/>	Turkish	<input type="checkbox"/>		
		Urdu	<input type="checkbox"/>		
		Other - Please specify	<input type="checkbox"/>		

You're Consent:

All personal data will be processed in full compliance with the Data Protection Act 1998.

Personal data will only be processed to support your application.

I wish to apply for admission to Hope Academy Sixth Form College.

I agree to the information I have supplied being processed.

I certify that to the information given is correct to the best of my knowledge.

Signed:

Date: