



Sixth Form Application Form

Surname: _____ Forename: _____

Middle Name: _____ Chosen Name: _____

Previous Surname (if applicable): _____

Gender: Male/Female Date of Birth: _____

Address:

Postcode: _____

Home Tel: _____

Mobile Tel: _____

Email: _____

Parents Details

In LEA care: Yes/No

Mother/Carer 1 Details

Name: _____

Address: _____

Tel: _____

Work Tel: _____

Home Tel: _____

Mobile: _____

Email: _____

Father/Carer 2 details

Name: _____

Address: _____

Tel: _____

Work Tel: _____

Home Tel: _____

Mobile: _____

Email: _____

Emergency contacts: Please give the names of two people who may be contacted in the event of an emergency in order of priority

1. Title: _____ Forename: _____ Surname: _____

Daytime address or place of work: _____

Daytime telephone number: _____ Home telephone number: _____

Relationship to child: _____

2. Title: _____ Forename: _____ Surname: _____

Daytime address or place of work: _____

Daytime telephone number: _____ Home telephone number: _____

Relationship to child: _____

Previous Education:

Name and Address of school:

Tel: _____

Email address: _____

Date started: _____ Date left: _____

GCSE and equivalent subjects I am taking/have taken:

Subject	Date Taken	Result

(if you have already taken a subject (eg. in Year 10), please fill in grade and date in grey column)

AS qualifications (if application is after Year 12):

Subject	Date Taken	Exam board	Grade

My first choice of subjects for Sixth Form study at OSA would be:

(For Level 3: choose either 4 A level subjects, or BTEC Business/double Sport + 2 other subjects, or triple Sport + 1 other subject. For Level 2: choose two BTEC courses from Business, IT and Health and Social Care)

I am also interested in:

- Community Sports Leaders Award (CSLA)

Special Educational Needs: (attach a separate letter if you need to give further information)

Details of any formal assessments of special educational needs:

Name of SENCO at previous school:

Details of any long-term absence from school:

Any other parental concerns:

School Reference:

Please give name and contact details (telephone number or email address) of a Tutor/Head of Year/Headteacher we can contact for a reference:

(A reference will only be requested once you have been interviewed)

Medical Information:

Name of Doctor: _____ Telephone number: _____

Address of surgery:

Do you have any Medical conditions: If yes, please provide details below

Dietary Information: Please list any dietary requirements

Meal Arrangements: Free school meal Packed lunch Paid school meal

Pupil Premium student: please tick if you know you have Pupil Premium status at your current school

Travel: How do you travel to school?

Ethnic Monitoring: Please tick the relevant box

White British		Pakistani	
White Irish		Bangladeshi	
White Traveller of Irish Heritage		Any other Asian background*	
Any other white background*		Black Caribbean	
White Gypsy/Roma		Black African	
White and black Caribbean		Any other black background*	
White and black African		Chinese	
White and Asian		Any other ethnic group*	
Any other mixed background*		Prefer not to answer	
Indian		*(please specify)	

Please state the main language spoken by your child at home: _____

Interpreter needed? Yes/No If Yes, state what language: _____

Please tick your child's religion:

Christian		Jewish		Buddhist		Hindu	
Sikh		No religion		Muslim		Other	

Current Status in UK:

British Citizen		Asylum Seeker		Refugee		Immigrant	
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Please return this form:

- either electronically to jwatson@oxfordspiresacademy.org
- or print and send to Dr. J Watson, Head of Sixth Form, Oxford Spires Academy, Glanville Road, Oxford, OX4 2AU