

ADDITIONAL EXPERIENCE

Briefly outline your hobbies, interests, part-time jobs and work experience.

YOUR INDIVIDUAL LEARNING NEEDS

Do you have a statement of Special Educational Needs?

(please circle)

YES

NO

Have you received extra time for your GCSE examinations?

(please circle)

YES

NO

Do you have any specific learning needs or requirements?

(please circle)

YES

NO

If **YES**, please give further details below:

TO BE COMPLETED BY APPLICANTS NOT ATTENDING ST. PAUL'S IN YEAR 11

Religion of student:

If non-Catholic

Church regularly attended:

If baptised Catholic

Name of Minister:

Present Parish:

Address:

Please attach a copy of your baptism certificate.

Telephone Number:

DECLARATION

I confirm that the information given in this application is accurate. I understand that acceptance onto courses is subject to interview and fulfilling the entry requirements and that my choice of subject may be affected by my examination results or by insufficient numbers opting for courses. I understand that information I have supplied will be recorded on a computer and used in accordance with the Data Protection Act.

Student signature:

Parent/Guardian name and signature:

ACADEMIC REFERENCE

To be completed by your Head of Year or Form Tutor.

Please outline students' academic potential for the proposed course of study.

Name, signature, school name and contact number/e-mail address:

RETURN COMPLETED FORM TO THE HEAD OF SIXTH FORM AT THE ABOVE ADDRESS

FOR OFFICE USE ONLY

Date received:

INTERVIEW

Date:

Completed By:

Career goals:

OUTCOME OF INTERVIEW

Place Offered

YES/NO

Other applications: