

APPLICATION FOR ENTRY INTO THE ARMTHORPE SCHOOL SIXTH FORM

PERSONAL DETAILS			
Student Name: Address:	ULN (if known) Parent/Carers Details:		
Date of Birth:	Age:	Sex:	
Telephone No:	Mobile Contact No:		
Email Address:			
Current or Last School:		Date of Leaving:	
COURSES AND QUALIFICATIONS YOU WOULD LIKE TO TAKE AT ARMTHORPE SIXTH FORM			
Course	Level		
COURSES BEING STUDIED			
Course	Exam Board	Level	Estimated Grade

RESULTS FROM EXAMINATIONS TAKEN

Course	Level	Year Taken	Exam Board	Result

OTHER DETAILS

Personal Achievements:

Work Experience:

Responsibilities or Roles in School:

Future Destinations: (Outline your plans for a Career or Higher Education)

Student Signature: _____ **Parent//Carer Signature:** _____

REFERENCE: Students applying from other schools or college please could you supply the name and details of a reference from your current or previous school.

Name: _____ **Position:** _____

Address:

PLEASE RETURN TO: MRS L BISBY, ASSISTANT HEADTEACHER, THE ARMTHORPE SCHOOL, MERE LANE, ARMTHORPE, DONCASTER, SOUTH YORKSHIRE. DN3 2DA.

CLOSING DATE FOR APPLICATIONS: IN FIRST INSTANCE

Armthorpe Students: 28th February 2012 Students from other establishments: 31 March 2012

N.B Applications will be considered following the closing dates.