



St Chads Sixth form

Application Form

Full Name (including Middle names)

Gender

Male	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Telephone Number

Your Mobile Number

Have you been a resident in the UK for the last 3

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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years?

Your age on 31st August THIS YEAR. Please use a 2 digit format, e.g. 16, 18, etc.

Country of Origin

Parent / Guardian Name

Parent / Guardian's Email Address

Home address, including post code

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>



Name of the school that you attended in Year 11

What courses would you like to study? (please choose from the attached list)

<b>Option 1</b>	
<b>Option 2</b>	
<b>Option 3</b>	
<b>Option 4</b>	

### Career Plans

If you know which career you are interested in, please provide us with some details.

Do you have any disabilities, learning difficulties or major health conditions that may affect your course?

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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## Supporting Statement

Please include any further information about yourself to support your college application. This information should include any work experience, voluntary work, sports clubs, musical talents etc).

**Ethnicity** St Chad's Sixth Form College is committed to equal opportunities. We ask that you provide us with this information to help us monitor our policy. (OPTIONAL)

**Thank you for completing the enrolment form. Please send to Mrs S Craven the Head of Sixth Form. We will contact you soon regarding your enrolment.**