



Headteacher: Mathew Harper BA Hons NPQH

Beauchamps High School

Business and Enterprise and Applied Learning Centre of Excellence
 Beauchamps Drive, Wickford, Essex. SS11 8LY Telephone: 01268 735466 Fax: 01268 570981

SIXTH FORM APPLICATION FORM

STUDENT DETAILS: **BOTH SIDES** of this form must be completed and submitted to the school office by 7 December 2018.
 Any personal data entered on this form will be held on file.

| | | | |
|--|--|-----------------------|---------------|
| Legal Surname | | Legal Forename | |
| Middle Name(s) | | Preferred Forename | |
| Preferred Surname <i>if different to above</i> | | Gender M/F | Date of Birth |
| Address and Post Code | | Home Phone | |
| | | Mobile Phone | |
| I confirm that this is the address at which I am currently living (<i>Please tick</i>) | | | |

EMERGENCY CONTACT DETAILS

Please give details below of **all persons who have parental responsibility** (eg mother, father, step parent, guardian) and anyone else you wish to be contacted in an emergency eg grandparent, friend. Please provide at least two contacts. **Place contacts in the order you wish them to be contacted in an emergency.**

| | Title | Name | Relationship eg mother/father | Home Address | Home/Work/Mobile Phone Nos. |
|----------------------|-------|------|--|--------------|--------------------------------|
| 1 | | | | | |
| | | | Parental Responsibility | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 2 | | | | | |
| | | | Parental Responsibility | | |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Parent Email Address | | | | | |

Are you applying to other schools? Yes No If Yes, please list: _____

Is Beauchamps High School your first choice? Yes No _____

Where did you hear about Beauchamps High School?
 Bus Press Social Media Recommendation Other (please specify): _____

| | | |
|-------------------------------------|-------------------------|--------------------------|
| Name of Current School | | |
| SUBJECTS TAKEN AT GCSE LEVEL | Estimated Grades | Result (if known) |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

WORK EXPERIENCE DETAILS:



| CHOICE OF COURSES (please indicate your choice of courses in order of preference): | | | |
|---|--|-----|----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| Would you be interested in joining the Football Academy? | | Yes | No |

SUPPORTING STATEMENT

Please provide a supporting statement which should include details of personal achievements and your reasons for wishing to join the courses for which you are applying.

Student Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

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