



# St Ivo School Sixth Form

## Application Form

### for Entry September 2017

For office use only

|        |  |
|--------|--|
| Mo/WAR |  |
| Ri/Gs  |  |
| REA    |  |

**Current St Ivo students:** you should make your application using this form, and complete the first page only and return to your form tutor.

**External Applicants:** you should complete both sides of this form and return to Sixth Form Administrator, St Ivo School, High Leys, St Ives, Cambridgeshire PE27 6RR

#### PERSONAL DETAILS

|                |   |
|----------------|---|
| First name(s): | Home Phone number:                            |
| Last name:     | Mobile phone number:                          |
| Address:       | Student Email:                                |
|                | Parent / Carer Email:                         |
|                | Date of birth:                                |
| Postcode:      | Nationality:                                  |
|                | Year 11 tutor group (if currently at St Ivo): |

#### SUBJECT CHOICES

What subjects are you applying for? Please tick up to four subjects (either any 4 single subjects, or a mixture of singles and doubles). Please also include 2 reserve choices (put an "R" by these). **You must refer to the entry pathways before making your choice.**

| AS/A LEVELS            | APPLIED LEVEL 3 COURSES  | APPLIED LEVEL 2 COURSES           |
|------------------------|--------------------------|-----------------------------------|
| Geography              | Psychology               |                                   |
| Art                    | Textiles / Fashion       |                                   |
| Biology                | Graphic Communication    |                                   |
| Business Studies       | History                  |                                   |
| Chemistry              | Law                      |                                   |
| Classical Civilisation | Mathematics              |                                   |
| Computer Science       | Media Studies            |                                   |
| Dance                  | Music                    | Art and Design (1½ A Level)       |
| Drama and Theatre      | Philosophy & Theology    | Business (single)                 |
| English Literature     | Photography              | Cambridge Tech. Sport (double)    |
| Economics              | Physical Education       | Food Science & Nutrition (single) |
| Film Studies           | Physics                  | Health and Social Care (single)   |
| French                 | Politics                 | Information Tech. (single)        |
| Further Mathematics    | Product Design (Res Mat) | Business Suite (double)           |
|                        |                          | Health and Social Care (single)   |
|                        |                          | Information Tech. (single)        |
|                        |                          | Public Services (single)          |
|                        |                          | Public Services (double)          |
|                        |                          | Sports Development (triple)       |
|                        |                          | Travel and Tourism (single)       |

- You can take up to 4 Level 3 subjects or 3 Level 2 subjects
- A Double Applied Level 3 or Level 2 Double course counts as 2 subjects
- It is not advisable to take 2 double level 3 subjects
- Option blocks will be made to reflect student choices

#### WHAT ARE YOUR CAREER PLANS/INTENDED DESTINATION AFTER COMPLETING SIXTH FORM?

#### ANY OTHER INFORMATION

If you would like to give us any further information that may help your application, please use this space or attach an additional sheet.

#### DATA PROTECTION

I agree that the information given on this form may be used for the required purposes under the terms of the Data Protection Act 1998. I consent to the storage of the above information on manual and computerised files. Parents/carers, please also sign to confirm that you have discussed subject choices with your son/daughter.

|                         |       |
|-------------------------|-------|
| Signature:              | Date: |
| Parent/Carer Signature: | Date: |
| Form Tutor Signature:   | Date: |

**Closing date for applications is Monday 6th February 2017**

**PERSONAL DETAILS - EXTERNAL STUDENTS**

|  |   |  |
|--|---|--|
| Do you have any criminal convictions?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>(If yes this will be discussed at your interview).<br>Have you been resident in the EU for the last three years?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>If no please indicate date of arrival in UK __/__/__<br>Are there any restrictions on you length of stay? | <b>EMERGENCY CONTACT DETAILS</b>          |  |
|  | Relationship to you (e.g. mother/father): |  |
|  | Full name:                                |  |
|  | Address:                                  |  |
|  |   |  |
|  | Postcode:                                 |  |
|  | Telephone no:                             |  |
| Mobile phone no:   |   |  |

**EDUCATION SCHOOLS/COLLEGES YOU HAVE ATTENDED SINCE YOU WERE 11**

| Name and address of school/college: | From: | To: |
|-------------------------------------|-------|-----|
|                                     |       |     |
|                                     |       |     |
|                                     |       |     |

Telephone number of current school/college:

Have you previously attended St Ivo School? YES  NO  Date: \_\_\_\_\_ Year 11 Tutor: \_\_\_\_\_

Have you applied to any other educational establishments or employers? YES  NO   
 If YES please state which: (This will in no way affect our decision to offer you a place, but it will help us with our administration.)

**QUALIFICATIONS AND AWARDS – YOU MAY INCLUDE RELEVANT AWARDS SUCH AS DUKE OF EDINBURGH**

| Examination and level<br>(e.g. GCSE Maths) | To be taken?<br>(please tick) | Predicted Grade | Already Taken<br>(please tick) | Date taken | Final Result |
|--|-------------------------------|-----------------|--------------------------------|------------|--------------|
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |
|  |                               |                 |                                |            |              |

**LEARNING SUPPORT**

We are committed to helping our learners succeed and therefore wish to identify any support you may need at an early stage. Please advise us of any specific learning needs you have which may affect your study. Please tick any relevant boxes below.

|                            |                          |                            |                          |                               |                          |               |                          |
|----------------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|---------------|--------------------------|
| Visual impairment          | <input type="checkbox"/> | Autism spectrum conditions | <input type="checkbox"/> | Dyslexia                      | <input type="checkbox"/> | Dyspraxia     | <input type="checkbox"/> |
| Severe learning difficulty | <input type="checkbox"/> | ADHD                       | <input type="checkbox"/> | Hearing impairment difficulty | <input type="checkbox"/> | Mental health | <input type="checkbox"/> |
| Dyscalculia                | <input type="checkbox"/> | Speech impediment          | <input type="checkbox"/> | Other: Please state           |                          |               |                          |

Have you got a Statement of Educational Needs? YES  NO

Is English your first language? YES  NO  If no what is your first language? \_\_\_\_\_

I would like a member of The Learning Support Team to be present at my interview to discuss any support needs, so that these can be put into place as soon as possible.

**MEDICAL CONDITIONS**

If you have any disabilities or medical conditions we can contact you in confidence to discuss the support available. Please indicate medical conditions that we may need to be aware of. Please tick any relevant boxes below.

|                             |                          |                                  |                          |                            |                          |                                    |                          |
|-----------------------------|--------------------------|----------------------------------|--------------------------|----------------------------|--------------------------|------------------------------------|--------------------------|
| Anxiety/nervousness         | <input type="checkbox"/> | Asthma or breathing difficulties | <input type="checkbox"/> | Diabetes                   | <input type="checkbox"/> | Temporary disability after illness | <input type="checkbox"/> |
| Migraines                   | <input type="checkbox"/> | Fainting                         | <input type="checkbox"/> | Skin allergies e.g. eczema | <input type="checkbox"/> | Disability affecting mobility      | <input type="checkbox"/> |
| Difficulty standing/sitting | <input type="checkbox"/> | Working at heights               | <input type="checkbox"/> | Epilepsy                   | <input type="checkbox"/> | Other physical disability          | <input type="checkbox"/> |
| Other: Please state         |                          |                                  |                          |                            |                          |                                    |                          |

**Closing date for applications is Monday 6th February 2017**