



# St Ivo School Sixth Form

## Application Form

### for Entry September 2018

#### 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): | Gender:               |

| SUBJECT CHOICES |
|-----------------|
|-----------------|

What subjects are you applying for? Please tick up 3 subjects. Please also include 2 reserve choices (put an 'R' by these)  
**You must refer to the entry pathways before making your choice.**

| A LEVELS                       | LEVEL THREE              | LEVEL TWO                           |
|--------------------------------|--------------------------|-------------------------------------|
| Art                            | Graphic Communication    | Business Single Award               |
| Biology                        | History                  | Business Double Award               |
| Business Studies               | Law                      | Health and Social Care Single Award |
| Chemistry                      | Mathematics              | Health and Social Care Double Award |
| Classical Civilisation         | Media Studies            | Information Technology              |
| Computer Science               | Music                    | Public Service Single Award         |
| Drama and Theatre              | Philosophy & Theology    | Public Service Double Award         |
| Economics                      | Photography              | Sports Development                  |
| English Literature             | Physical Education       | Travel and Tourism                  |
| Extended Project Qualification | Physics                  |                                     |
| Film Studies                   | Politics                 |                                     |
| French                         | Product Design (Res Mat) |                                     |
| Further Mathematics            | Psychology               |                                     |
| Geography                      | Textiles / Fashion       |                                     |
| German                         |                          |                                     |

- You can take 3 A Levels / Applied Level 3 subjects, or 3 Level 2 subjects. In addition, you may also choose to study the AS EPQ.
- A Double Applied Level 3 or Level 2 Double course counts as 2 subjects  
 • In exceptional cases, students may choose 4 subjects  
 • Option blocks will be made to reflect student choices

| WHAT ARE YOUR CAREER PLANS / INTENDED DESTINATION AFTER COMPLETEING 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 5th February 2018**

### EDUCATION SCHOOL/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 <input type="checkbox"/> NO <input type="checkbox"/> Date: _____ Year 11 Tutor: _____  |       |     |
| Have you applied to any other educational establishments or employers? YES <input type="checkbox"/> NO <input type="checkbox"/><br>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 |
|--|-------------------------------|-----------------|--------------------------------|------------|--------------|
|  |                               |                 |                                |            |              |
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### 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  | Autism spectrum conditions | Dyslexia                      | Dyspraxia     |
| Severe learning difficulty   | ADHD                       | Hearing impairment difficulty | Mental health |
| Dyscalcula   | Speech impediment          | Other: Please state           |               |
| Have you got a Statement of Education Needs? YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____  |                            |                               |               |
| Is English your first language? YES <input type="checkbox"/> NO <input type="checkbox"/> If no what is your first language? _____  |                            |                               |               |
| <input type="checkbox"/> 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         | Asthma or breathing difficulties | Diabetes                   | Temporary disability after illness |
| Migraines                   | Fainting                         | Skin allergies e.g. eczema | Disability affecting mobility      |
| Difficulty standing/sitting | Working at heights               | Epilepsy                   | Other physical disability          |
| Other: Please state         |                                  |                            |                                    |

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