



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		Geography		Psychology	
Art		German		Textiles / Fashion	
Biology		Graphic Communication			
Business Studies		History			
Chemistry		Law			
Classical Civilisation		Mathematics			
Computer Science		Media Studies		APPLIED LEVEL 3 COURSES	APPLIED LEVEL 2 COURSES
Dance		Music		Art and Design (1½ A Level)	Business Suite (double)
Drama and Theatre		Philosophy & Theology		Business (single)	Health and Social Care (single)
English Literature		Photography		Cambridge Tech. Sport (double)	Information Tech. (single)
Economics		Physical Education		Food Science & Nutrition (single)	Public Services (single)
Film Studies		Physics		Health and Social Care (single)	Public Services (double)
French		Politics		Information Tech. (single)	Sports Development (triple)
Further Mathematics		Product Design (Res Mat)			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? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes this will be discussed at your interview). Have you been resident in the EU for the last three years? YES <input type="checkbox"/> NO <input type="checkbox"/> If no please indicate date of arrival in UK __/__/__ Are there any restrictions on you length of stay?	EMERGENCY CONTACT DETAILS	
	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 <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"/> 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 (e.g. GCSE Maths)	To be taken? (please tick)	Predicted Grade	Already Taken (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 _____							

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