

## Application Form – September 2019 Entry

EXTERNAL APPLICANTS ONLY

Applicant's name:

Current School:

Current School Year: (Please circle)

Year 11 / Year 12 / Year 13

Is your application linked to the Fulham Football Academy (Please circle)

YES / NO

### Check List (Please tick before returning)

1. I have filled in all parts of this application form\*

\*(processing of applications may be delayed if any section is not completed)

2. I have included a copy of my birth certificate or passport

All information given in this form is kept securely and used responsibly within the requirements of the Data Protection Act. We do not share information about you and your family without your permission. We are required by law to provide data to the Local Authority (London Borough of Merton) and to the government's Department for Education (the DfE).

Please return this form to:

**Raynes Park Sixth Form**  
**Bushey Road**  
**SW20 0JL**

Telephone No: 020 8879 4807

Email: [Sixthform@raynespark.merton.sch.uk](mailto:Sixthform@raynespark.merton.sch.uk)

Office Use Only

Date application received: \_\_\_\_\_

Student Information	
Applicant's Legal Surname:	Applicant's First Name:
Applicant's Preferred Surname: (if different to legal name)	Applicant's Preferred Name: (if different to legal name)
Date of Birth:	Gender: (M/F)
Address:	
	Post code:
Mobile No:	Home No:
Email:	

Parent(s) / Carer(s) Contact Information		
Parent / Carer 1: whom the applicant permanently lives with (address should be the same as applicant)		
Title:	First Name:	Surname:
Relationship to child (Mother, Father, Guardian, etc):		
Mobile No:	Home No:	Work No:
Home Email:		
Work Email:		

Parent / Carer or Emergency Contact 2:		
Title:	First Name:	Surname:
Relationship to child (Mother, Father, Guardian, etc):		
Mobile No:	Home No:	Work No:
Email:		
Does this contact live with the child? (please circle) YES / NO		
If NO please give contact's full address:		

<b>Additional Contact.</b> Unless otherwise requested, parent(s) / carer(s) above will always be contacted first in cases of emergencies. Should we not be able to get hold of you please provide details of an additional contact.		
Title:	First Name:	Surname:
Relationship to child (Other Relative, Neighbour etc):		
Mobile No:	Home No:	

## Additional Information

### Local Authority:

(Eg. Merton etc)

### How will you travel to school?

(Please circle)

Walk

Van

Underground

Train

Car

Car share

Tram

Taxi

Cycle

School Bus

Public Bus

If Bus, please give number:

## Welfare

### Are you a 'Looked after' child?

i.e. in the care of a local authority or foster parents

YES / NO

### If YES, which local authority has responsibility?

### Asylum Status:

(Please circle)

Not applicable

Asylum Seeker

Refugee

### Are your parents / carers in the armed forces?

e.g. Army, Navy, Air Force

YES / NO

### Special Educational Needs (please give details)

### Do you have a Student Support Plan (SSP) at your current school? YES / NO

### If YES, what level of special provision

is made for you? (Please circle)

EHCP

SEND Support

Please enclose a copy of the SSP and/or an Educational Psychologist's report with this application.

## Medical Information

### Medical conditions

Please detail any medical conditions or dietary needs, including allergies, which we need to know about

### Do you consider yourself or your parent / carer to have a disability? YES / NO

If YES, please give brief details

### Medical practice name:

### Address:

### Telephone No:

### Medical Consent (To be completed by the parent / Carer)

In an emergency, it may not be possible to contact the parents/guardians. In such circumstances, we ask that you authorise a member of the school staff to give consent to medical treatment recommended by the medical practitioners involved in the accident or emergency.

I authorise a member of Raynes Park High School staff to consent to medical treatment for my child on my behalf in an emergency:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Ethnic / Cultural

### Ethnic background

Please circle the category which best describes your ethnicity

Information refused

Bangladeshi

Pakistani

White & Black Caribbean

Black African

Traveller of Irish heritage

Any other black background

Black Caribbean

White British

Any other Asian background

Chinese

White Irish

Any other ethnic group

Gypsy/Roma

White & Asian

Any other mixed background

Indian

White & Black African

Any other white background

### Country of Birth:

### Nationality:

### First Language:

What language is spoken at home?

### Religion

(Please circle)

Buddhist

Hindu

Muslim

Other

Christian

Jewish

Sikh

None

## School History

### We will be requesting a reference from your current / previous school

Please name all schools attended

#### Current School:

Dates attended from:

To:

#### Previous School:

Dates attended from:

To:

#### Previous School:

Dates attended from:

To:

If you have come from abroad, have you ever attended a school\* in the UK?

YES / NO

If YES, enter details in the section above. (\*this includes primary schools)

Have you ever been excluded? (Please circle) YES / NO

If YES please provide details

Please provide the following identity numbers. Your current school should be able to provide them:

Unique Learning Number (ULN):

Unique Pupil Number (UPN):

Unique Candidate Information (UCI):

## Predicted Grades / Results

### Examination details

Please list all examinations that you will take this academic year and any qualifications you have already achieved

Subject	GCSE/BTEC/ETC	Predicted Grade	Result already achieved	Subject	GCSE/BTEC/ETC	Predicted Grade	Result already achieved

## Your progression plans

Is Raynes Park Sixth Form your:

(Please tick)

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

Where else have you applied? (Please name below)

<b>1</b>		Is this your 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> choice
<b>2</b>		Is this your 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> choice

## Course Choices

If you are expecting to achieve 5 Grade 5 - 9 including Maths and English and you meet the specific entry requirements of the subjects you wish to study (please refer to the Course Information Booklet page 6) select four Level 3 courses.

Please put in order of priority, first subject being subject 1 etc

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

If you are not predicted 5 Grade 9 - 5 and this includes English and Maths it is likely that you will need to retake your Maths and/or English GCSE.

Along with these give 2 other courses you would like to take.

Maths

English

<b>1</b>	
<b>2</b>	

Would you like to sit AS/A2 examinations in a home language?

If so, which language?

**ANYTHING ELSE?**

Raynes Park Sixth Form is committed to supporting you and working well with your parents/carers. Is there anything else you think we should know to help us with this task?

**Applicant and Parental Agreement**

Each applicant will be interviewed shortly after the applications deadline. Career aspirations will be discussed along with predicted grades. It is only after this interview that the Sixth Form Team will make final course offers. These offers are conditional on final results. If a student does better than expected they may be able to move to a more advanced course, with the reverse also being true.

**Photographic and video** (To be signed by the parent / Carer)

I consent / do not consent to photographic and video images of my child being used in accordance with the school's Photographic Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Use of ICT equipment and Internet use**

I agree that my son / daughter may use the ICT facilities and internet in accordance with the school rules regarding acceptable use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have discussed the contents of this form with my parent/carer and am confident that the information supplied is correct in all respects.**

**Signature of Applicant:**

**Date:**

**I fully support my son / daughter in continuing full time education**

**Signature of parent/carer:**

**Date:**