

All Saints Catholic School – Technology College & Training School



ALL SAINTS CATHOLIC SCHOOL AND TECHNOLOGY COLLEGE 6TH FORM APPLICATION FORM

(please complete in BLACK INK and in BLOCK CAPITALS)

Personal Details: Male <input type="checkbox"/> Female <input type="checkbox"/> Name: Address: Town: Postcode: Date of Birth: Tel No. (Home): Mobile No: Email:	School Details: School: Address: Town: Postcode: Head of Year 11: School Tel No: School Fax No: School email address:		
Academic subjects being studied - grades if known (otherwise estimate)			
Subject (CORE)	Grade	Subject (OPTIONS)	Grade
Mathematics			
English Language			
English Literature			
Science – Year 10			
Science – Year 11			
FUTURE CAREER (if known) _____ _____			
GIVE BRIEF DETAILS OF WHY YOU WISH TO ATTEND ALL SAINTS CATHOLIC SCHOOL AND WHAT YOU CAN OFFER TO OUR SIXTH FORM _____ _____ _____			
Course Choice (Please Complete Form Overleaf) if appropriate			

Signed: _____
(Student)

(Parent)

Date: _____

For Office Use

Date form sent Date received back	Interview <input type="checkbox"/> Date	Offer of Place No <input type="checkbox"/> Yes <input type="checkbox"/>
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Sixth Form Reference

(to be completed by the Head of Year 11 or suitable alternative) (See note overleaf)

NAME OF STUDENT

(block capitals)

Educational Record at School

A = Excellent B = Good C = Average D = Below Average E = Poor

<i>Please tick and comment below where applicable</i>	A	B	C	D	E
Attendance					
Punctuality					
Health					
Conduct					
Keeness and industry					
Courtesy and consideration					
Co-operation & dependability					
Self motivation					
Ability to communicate					
Common sense					
Relationship towards staff					
Relationship towards students					

Is this student **Statemented** **School Action** **School Action Plus**

If this student had chosen to continue his/her studies at your institution would you have offered them a place:

Yes: _____ No: _____

If No, please give explanation

Do you have reason to doubt student's honesty?

Yes: _____ No: _____

If Yes, please give explanation

Has this student ever been excluded or involved in aggressive behaviour with other students?

Yes: _____ No: _____

Reason/Dates/ Number of days : _____

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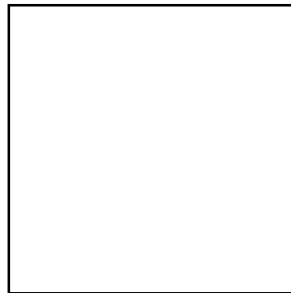
General Information

Expected/Examination Achievements with grades

SUBJECT	LEVEL	GRADE	SUBJECT	LEVEL	GRADE

General Comments :-

School stamp



Additional comments and information regarding general abilities, positions of responsibility, special needs requirements if applicable etc.

Signed: _____

Position: _____

Date: _____

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TO REFEREE

Thank you for completing the reference. Please use the enclosed addressed envelope to post the form back to:

**Mr Bonnar
All Saints Catholic School,
Terling Road,
Dagenham,
Essex
RM8 1JT.**

Alternatively, please fax ALL sides of the application to: 0208 5954024.

For All Saints Catholic School Office Use Only

Sixth Form Interview Notes

Interviewer: _____

Date: _____