

Airedale Academy



Airedale Academy Sixth Form College Application Form 2012

Details About You

First Name:

Last Name:

Date of Birth:

Age on 31 August 2010

Sex: Male Female

Address:

Post Code:

Tel:

Email:

Mobile:

PLEASE GIVE DETAILS OF YOUR CURRENT SCHOOL

Name of School

Date of Leaving

Courses and Qualifications

What course would you like to apply for at Airedale Academy Sixth Form.

Course

Name of Parents/Carers:

Do your Parents/Carers live at your normal home address?

Yes No

Have you ever lived abroad (other than for holidays) in the last 3 years?

Yes No

If yes, what date did you arrive in the UK

Unique Learner No. (ULN) if known

Address:

Post Code

Please explain briefly why you are interested in these courses, including any career aims you have.

Present Studies

We need details of your current qualifications and any exams you are taking this year.

Course	Level	Grade Estimated Grade

Results from exams already taken

Course	Level	Year Taken	Exam Board	Grade/Result

Please give details of any personal achievements, interests, work experience or responsibilities which might be useful when we discuss your plans with you.

Do you have any learning or other difficulties that require extra support? Please give details so that we can consider appropriate help.

Please sign below to confirm that the details you have given are accurate. For any further information, please contact the Academy on 01977 664555.

Signature of student:

Date:

Signature of parent/carer (if under 18)

I/We support this application: