

Application for a place at City of London Academy – Islington Sixth Form

You should complete this form if you wish to be considered for a place at the sixth form. You will be under no obligation to transfer to the sixth form if you change your mind at a later date about the place offered to you.

Please complete this application form in BLOCK CAPITALS

Surname:

First Name(s):

Date of Birth (Day/Month/Year):

Address (including postcode):

Home telephone number:

Mobile Phone Number (essential):

Previous/Present School:

Gender (Please tick)

Male

Female

Language spoken at home:

Please tick whichever of the following you consider **best** describes your ethnic origin:

- | | | | |
|-----------------|---------------------|-------------------------|----------------------------|
| British | Caribbean | Chinese | White European |
| Irish | Ghanaian | Vietnamese | White Other |
| Bangladeshi | Nigerian | White Asian | Any other mixed background |
| Indian | Somali | Turkish/Turkish Cypriot | |
| Pakistani | Other Black African | White/Black African | |
| Any other Asian | Any other Black | White/Black Caribbean | |

Examinations taken or to be taken (please give year and grade awarded):

Please give details of proposed future education or career:

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Reference request:

Name of student:

To be completed by your form tutor, Head of Year, Deputy Head or Headteacher

The above named student has applied for the course(s) shown on page 2. Please can you confirm their suitability for this next stage of study and appropriateness of courses chosen. Please also confirm that estimated grades are correct and comment on levels of attendance and punctuality.

Name of person completing reference:

Position:

Signature:

Deadline for application: 18th December 2009

Please return to Ms K Becker, City of London Academy – Islington, Prebend Street, Islington, London, N1 8PQ

For Office Use Only

Form acknowledged	<input type="checkbox"/>
Invitation date set	<input type="checkbox"/>
Reference received	<input type="checkbox"/>
Contract	<input type="checkbox"/>
Accepted	<input type="checkbox"/>

1. Accepted, pending results	<input type="checkbox"/>
2. Accepted on contract	<input type="checkbox"/>
3. Refusal	<input type="checkbox"/>
4. Application incomplete	<input type="checkbox"/>