Sixth Form Student Application Form / Student Data Sheet

For Office Use Only
Date received:
Application Number:
Input on Data Sheet:

*To apply for a place in the Sixth Form at **The Buckingham School**, please complete this form and return to by email to kbones@buckinghamschool.org or to **Sixth Form Application, The Buckingham School, London Road, Buckingham, MK18 1AT. The deadline for ALL applications is 4th February 2019.***

Student Details

Year/Form: *(Internal students only)*		**Date of birth:**		**Gender:**	
Legal Surname of child:		**Preferred Surname :**			
Legal Forename of child:		**Preferred Forename:**			
Middle name:		**Address:**			
External Applicants	Please provide your passport or birth certificate in order that we may take a copy for our records to confirm the above				
Student Email:					
* ULN Number:		* UCI Number:		* UPN Number:	

***MUST be completed by all external applicants** *Available from your Exams Office (Unique Learner Number /Unique Candidate Identifier/Unique Pupil Number)

Parent/Guardian Contact/Emergency Details

Priority	Name & Relationship	Home Address & Email Address	Phone Nos. (Please tick priority number)
1	☐Parental Responsibility ☐Court Order	**Email:**	**Home:** ☐ **Mobile:** ☐ **Work:** ☐
2	☐Parental Responsibility ☐Court Order	**Email:**	**Home:** ☐ **Mobile:** ☐ **Work:** ☐
3		**Email:**	**Home:** ☐ **Mobile:** ☐ **Work:** ☐

Other *(to be completed by Parent/Guardian/Carer)*

Does the student have Free School Meal Entitlement? Yes ☐ No ☐	**Is the student Looked After or Post Looked After (Adoption)?** Yes ☐ No ☐

Medical Details

Surgery Name:		**Tel No:**		**Medical Condition:**	

Please ensure you complete the Healthcare Plan form should your child have any of the following medical conditions: ***Epilepsy***, ***Diabetes***, ***Asthma***, ***Heart Condition***, ***Anaphylaxis*** *(requiring an Epipen) or if your child has **any medical condition and an EHC or Statement**)*

SEND (Special Education Need or Disability)

Is there a Special Educational Need or Disability in respect of your Child? Yes ☐ No ☐	**Was your child on his/her last school's Special Education Need or Disability list?** Yes ☐ No ☐
If 'Yes' (above) please give details:	

Indicate Type of Support:	SEN Support ☐ EHCP ☐	**Is the child a Young Carer?** Yes ☐ No ☐ (A young carer is a person under 18 who provides or intends to provide care for another person who is ill, disabled, has a mental health condition, or addiction problem)
Were you granted Exam Access Arrangements?:		Yes ☐ No ☐ (If 'Yes' you will need to provide evidence including any specialist reports plus a Form 8)

Ethnic Origin of Student

Ethnically based Statistics (To be completed on behalf of all students)
The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Buckinghamshire schools.
Please see below for a list of relevant ethnicities:

Ethnicity:		**White:** British, Irish, Irish Traveller, Gypsy/Roma, Any other white background **Black or Black British:** Caribbean, Somalia, Other Black African, Any other Black background **Asian or Asian British:** Indian, Pakistani, Bangladeshi, Any other Asian background **Mixed Dual background**: White/Black Caribbean, White/Black African/White/Asian/Any other Mixed background **Other Backgrounds:** Vietnamese, Chinese, Other Ethnic Group	
Country of Birth:		**Nationality:** **(as per birth certificate)**	

First Language of Student

☐ **First language is English**

If not English, please specify the language:

☐ **Please tick here if you would prefer not to say**

First language is defined as the language the child was exposed to during early development and continues to be exposed to in the home.

Please give as much detail as possible, including dialects e.g. Bengali (Sylheti), Chinese (Cantonese).

EXTERNAL APPLICANTS ONLY
Education & Referee Details: (*Please give details of your current secondary school/college together with a suitable referee who may be asked to comment on your application*)

School College:	
Full Address:	
Attended From:	To:
Head of Year/Referee Name:	Email Address:

Exclusion: Yes ☐ No ☐	**Permanent** ☐ **Fixed Term** ☐
Additional Support Form	**Please ensure you have completed the enclosed Additional Support Form**

Student's Usual Travel Arrangements

Please see below for modes of travel to school.

Mode of travel:		Walk, Cycle, Car/Van, Car Share (with another household), Bus (type not known), Public service bus, Taxi

Supporting Statement: *(**ALL** students to complete)*

Please attach to your application a supporting personal statement. For information on what should be included in your Supporting Statement, please see Supporting Statement Guidance notes on website.

My Qualifications:

Please tick the subjects you are taking and indicate your predicted grade, if known.
Possible predicted grade values are

- **GCSE: A*, A, B, C, D, E, F and G in Business Studies or Media or 9 – 1 in all other subjects**
- **Vocational qualifications (BTEC/Cambridge National)**: Level 2 Distinction */Level 2 Distinction/Level 2 Merit/Level 2 Pass/Level 1 Distinction/Level 1 Merit/Level 1 Pass and Fail.
- If you have already completed an exam, write the grade and put 'actual' next to it. You will need to supply paper evidence of an actual grade with this application.
- Add other subjects if not listed

SUBJECTS	GCSE GRADE	BTEC GRADE	OTHER (please specify)	PREDICTED GRADE
Art				
ASDAN				
Business Studies				
Computer Science				
Construction				
Dance				
Drama				
English Literature				
English Language				
Food Technology				
French				
Geography				
Health and Social Care				
History				
Maths				
Media				
Music				
PE				
Science (Core)				
Science (Additional)				
Spanish				

OTHER SUBJECTS	EXAM BOARD	PREDICTED GRADE

Option Choices: ***Internal Applicants - Please complete online in addition to completing this form***
5 GCSE (or equivalent) at level 9 to 4, A* - C or Distinction to Pass grades. In addition to this, each subject has clear entry criteria identified in the course information, please refer to this when selecting individual subjects.

Please choose 3 subjects, and an Enrichment, from the blocks above. Core Maths, or English or Maths Retake may also be additionally selected. **REMEMBER:** Only **ONE** subject per block. Please fill in your choices below		
	Initial Choice	**Subsequent Change (Student Signature Required)**
A		
B		
C		
Enrichment		
English		
Maths		
(Internal Applicants) **I confirm that I have also completed my option request online**		Student Signature:…… Date:……....

Subject Clashes	Please clearly show all subject clashes by selecting both subjects in the option blocks above and make any additional comments here:

Key skills to improve on: Please tick which of the following skills you would like to improve on during your time in the CFE.			
Organisational Skills		Spelling, Punctuation and Grammar	
Time Management		Referencing Skills	
Stress Management		Extended Writing Skills	
Critical Thinking		Exam Techniques	
Research Skills		Employability	
Independence			

When completed please ensure that your parent/guardian signs and dates below and you return this form to the Admissions Office. External applicants, please forward to The Buckingham School address at the top of Page one.

Student Declaration: I agree to comply with the general rules and regulations and with any particular conditions of acceptance. I certify that all the information given is correct.	
Student signature: ……	Dated: ……
As you are under 18 years of age please ask a Parent/Carer to sign and date this application.	

DATA PROTECTION STATEMENT: *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database. Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.*

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:
I declare the above information to be correct to the best of my knowledge at the time of completion.
I agree to notify the school of any change in my child's circumstances.

Signed: …… Dated:…….

Relationship to Applicant::		
Office Use:	Interview Date:	Outcome: