

Additional Information

Do you have a medical condition? Please give details:

Have you ever had Free School Meals?	Yes/No
If yes: Date from:	Date to:
Do you have any special educational requirements?	Yes/No

If yes, please state requirements below:

Are you a Looked After Child?	Yes/No
-------------------------------	--------

General Interests

What interests do you have outside of school? Please give details:

Sport: Are you currently involved in sport? Please give details:

Music: Are you currently involved in music? Please give details:

Ethnic Origin

Please circle from the list below to indicate the ethnic background of your son/daughter:

WBRI	White British	OOTH		Any other ethnic group
WIRI	White Irish	REFU		I do not wish to disclose
WIRT	Traveller of Irish Heritage	AIND		Indian
WOTH	Any other white background	APKN		Pakistan
MWVB	White & Black Caribbean	ABAN		Bangladeshi
MWBA	White & Black African	AOTH		Any other Asian background
MWAS	White & Asian	BCRB		Black Caribbean
MOTH	Any other mixed background	BAFR		Black African
WROM	Gypsy Roma	BOTH		Any other black background
CHNE	Chinese			
Nationality:		Country of Birth:		
Home Language:		Religion:		

Emergency Contacts/Next of Kin Details

Priority Contact: 1	Relationship to Student:
Mr/Mrs/Miss/Ms	Name:
Address: (if different from student address)	
Home Number:	Mobile Number:
Email:	
Priority Contact: 2	Relationship to Student:
Mr/Mrs/Miss/Ms	Name:
Address: (if different from student address)	
Home Number:	Mobile Number:
Email:	

Consent

Please tick the following boxes to confirm your consent:

- | | | | | | | | |
|----------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|---------------------|--------------------------|
| Copyright Permission | <input type="checkbox"/> | Internet Access | <input type="checkbox"/> | Sex Education | <input type="checkbox"/> | Data Exchange | <input type="checkbox"/> |
| School Visit | <input type="checkbox"/> | Photograph Student | <input type="checkbox"/> | Biometrics | <input type="checkbox"/> | Provide Paracetamol | <input type="checkbox"/> |

I understand that where I have indicated that my son/daughter's photograph or video image may be used, this will be for school and curriculum purposes only and may be used for displays, promoting a positive image of the school, newsletters, and press releases etc.

I agree to Ashton on Mersey School Sixth Form processing personal data in this form or other data which the Sixth Form may obtain from me or other people whilst my son/daughter is student at the Sixth Form. I agree to the processing of such data for any purposes connected with his/her studies or health and safety whilst on the premises or for any other legitimate reason. I confirm that the information on this application form is true and correct.

Parent/Guardian Signature:	Please Print Full Name of Parent/Guardian:
Date:	
<p>Ashton on Mersey School Sixth Form collects information about all our staff and students for various administration, academic and health and safety reasons. Due to the Data Protection Act 1998, we need your consent before we can do this. Since we cannot operate the Sixth Form's admissions procedure effectively without processing information about you, we need you to sign the following consent to process clause. If you require any further information about this, please refer to http://thedeantrust.co.uk/privacy-statement/</p>	
Student Signature:	Please Print Full Name of Student:
Date:	

To be completed by your school before we can accept your application

Attendance	% Overall	V Good	Good	Poor
Punctuality	% Overall	V Good	Good	Poor
Conduct	V Good	Good	Poor	

Is the applicant's choice appropriate? Yes No

Is the student Gifted and Talented? Yes No
 If so please state details.

Are there any aspects of the applicant's health which you feel should be brought to our attention? Yes No
 If yes, please provide details:

Does the applicant have any special educational needs? Yes No
 If yes, please provide details:

Is the applicant a looked after child? Yes No

Has the applicant ever been in receipt of free school meals? Yes No
 If yes, please provide dates From To

Please give any additional information which you feel may be helpful in considering this application.

Name of Referee:

Position in school:

Signature:

Date:

Please return your completed application form to:
 Ashton on Mersey School Sixth Form, Cecil Avenue, Sale, Cheshire. M33 5BP
Application deadline Friday 16th December 2016