



### 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 local authority looked after child?	Yes/No
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### 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:

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

## 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:

- |  |                          |  |                          |               |                          |  |                          |
|--|--------------------------|--|--------------------------|---------------|--------------------------|--|--------------------------|
| Email Communication                                  | <input type="checkbox"/> | Text Communication   | <input type="checkbox"/> | Sex Education | <input type="checkbox"/> | Data Exchange with educational establishments & services | <input type="checkbox"/> |
| To attend all school educational visits & activities | <input type="checkbox"/> | Use of photographs for website/social media/marketing & displays | <input type="checkbox"/> | Biometrics    | <input type="checkbox"/> | Administer Paracetamol                                   | <input type="checkbox"/> |

**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><b>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 <a href="http://thedeantrust.co.uk/privacy-statement/">http://thedeantrust.co.uk/privacy-statement/</a></b></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 14th December 2018**