

Headteacher: Mathew Harper BA Hons NPQH

# Beauchamps High School

Business and Enterprise and Applied Learning Centre of Excellence

Beauchamps Drive, Wickford, Essex. SS11 8LY Telephone: 01268 735466 Fax: 01268 570981

## SIXTH FORM APPLICATION FORM

**STUDENT DETAILS*: BOTH******SIDES*** *of this form must be completed. Any personal data entered on this form will be held on file. Please email your completed form to* [*Sixthform2021@beauchamps.essex.sch.uk*](mailto:Sixthform2021@beauchamps.essex.sch.uk) *to reach us no later than 17 December 2020.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Surname |  | Legal Forename | |  | |
| Middle Name(s) |  | Preferred Forename | |  | |
| Preferred Surname  *if different to above* |  | Gender M/F |  | **Date of Birth** | **/****/** |
| Address and Post Code |  | Home Phone | |  | |
| Mobile Phone | |  | |
| I confirm that this is the address at which I am currently living (*Please tick)* | | | | | |

#### EMERGENCY CONTACT DETAILS

Please give details below of **all persons who have** **parental responsibility** (eg mother, father, step parent, guardian) and anyone else you wish to be contacted in an emergency eg grandparent, friend. Please provide at least two contacts. **Place contacts in the order you wish them to be contacted in an emergency.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Title | **Name** | | **Relationship** eg mother/father | **Home Address** | **Home/Work/Mobile Phone Nos.** |
| **1** |  |  | |  |  |  |
| Parental Responsibility |
|  |
| **2** |  |  | |  |  |  |
| Parental Responsibility |
|  |
| Parent Email Address | | |  | | | |

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| --- | --- | --- | --- |
| Are you applying to other schools? |  | | If Yes, please list: |
| Is Beauchamps High School your first choice? |  | |
| Where did you hear about Beauchamps High School? | |  | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Current School** |  | | |
| **SUBJECTS TAKEN AT GCSE LEVEL** | | **Estimated Grades** | **Result (if known)** |
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| **WORK EXPERIENCE DETAILS:** |

|  |  |  |
| --- | --- | --- |
| **CHOICE OF COURSES** (please indicate your choice of courses in order of preference): | | |
| 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| Would you be interested in joining the Football Academy? | |  |

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| **SUPPORTING STATEMENT**  Please provide a supporting statement which should include details of personal achievements and your reasons for wishing to join the courses for which you are applying. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Signature: |  | Print Name: |  | Date: | **/  /** |
| Parent/Guardian Signature: |  | Print Name: |  | Date: | **/  /** |

***BOTH******SIDES*** *of this form must be completed and submitted to the school office by 17 December 2020.*

*Please email your completed application form to* [*Sixthform2021@beauchamps.essex.sch.uk*](mailto:Sixthform2021@beauchamps.essex.sch.uk)