

Course Choices

Course 1	
Course 2	
Course 3	
Reserve Course Choice	

Please note that courses will only run if we have enough students to make them viable. This may mean that some courses may be withdrawn.

Please tell us why you are interested in taking these courses:

Please tell us why you are interested in joining the Sixth Form at The Thomas Deacon Academy:

Additional information about you

Country of Birth	
Nationality	
Have you lived outside the UK/EU/EEA other than for holidays during the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide the following information	
Passport Number	
Date	
Expiry Date	
Name on Passport	
Visa expiry date	

Please tell us if your aspirations include studying:

- Dentistry
- Medicine
- Veterinary Medicine

Please tell us if you are hoping to apply to the following universities:

- Oxford
- Cambridge

Please provide any further details

Please tell us about any other successes or areas you may like to get involved in

- Sport
- Music
- Performing Arts
- Debating
- Duke of Edinburgh - Bronze
- Duke of Edinburgh - Silver
- Duke of Edinburgh - Gold
- Others

Please provide any further information

What qualities will you offer to Sixth Form life?

Parent/Carer Contact Details

Title	
First Name	
Last Name	
Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	

Title	
First Name	
Last Name	
Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	

Additional Emergency Contact

Title	
First Name	
Last Name	
Relationship to Student	
Address	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	

Health Needs

Please provide any medical information we should be aware of (e.g. epilepsy, diabetes etc)

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GP Name	
GP Telephone Number	
GP Address	

Do you have any specific learning difficulty or physical disabilities (e.g. dyslexia, hearing, sight, mobility etc)

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Do you have a statement of Special Educational Needs?

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Have you previously had special arrangements for Exams (e.g. extra time)

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Do you have a Special Teacher's Report (e.g. for Dyslexia)?

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How will you travel to school – please tick all that are relevant

Bus (other)		Other	
Car/Van		Public Service Bus	
Car Share		Train	
Cycle		Taxi	
Dedicated school bus		Walk	

Religion

Christian		Jehovah's Witness		Sikh	
Church of England		Jewish		None	
Hindu		Methodist		Other (please specify)	
Islam		Roman Catholic			

Ethnic Origin

African Asian		Indian		Refused	
Any other black background		Indian/Sri Lankan		Traveller	
Any other ethnic group		Italian		White British	
Any other mixed background		Kosovan		White Cornish	
Bangladeshi		Latin/South American		White Irish	
Black African		Mixed Black & White British		White & Asian	
Black Caribbean		Other Asian		White & Black African	
Black European		Other White		White & Black Caribbean	
Chinese		Pakistani		White European Other	
Gypsy/Gypsy Roma		Portuguese			

First Language

Albanian		Hungarian		Romanian	
Arabic		Katchi		Slovak	
Bengali		Kurdish		Spanish	
Cantonese		Latvian		Swahili	
Czech		Lithuanian		Turkish	
Dari		Ndebele		Urdu	
English		Pashto		Vietnamese	
Farsi (Persian)		Polish		Other (please specify)	
Gujarati		Portuguese			
Hindi		Punjabi			

Any other language spoken at home - please specify: