

**EXTERNAL APPLICANTS ONLY**

**PLEASE COMPLETE ALL SECTIONS CLEARLY IN CAPITAL LETTERS IN BLUE OR BLACK INK. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION**

**DEADLINE FOR FIRST ROUND OF EXTERNAL APPLICATIONS IS FRIDAY 20th JANUARY 2017**

**For Office Use Only:**

Rec'd:	
Int. date:	
Offer made:	
Fee paid:	
Photo taken:	

**Highgate Wood School Sixth Form**  
 Montenotte Road  
 Hornsey  
 London N8 8RN

**CONTACT DETAILS**

Family Name:	Date of birth:    dd / mm / yy
Forenames:	Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>
Age at 31st August 2017:    yrs    mths	Home Address:
Home Telephone Number:	Post Code:
Mobile Telephone Number:	Borough:
Email Address:	

Mother or Legal Guardian: <i>(circle as appropriate)</i> Full Name: Mobile: E-Mail address Home address: <i>(if different from above)</i>  Post Code:	Father or Legal Guardian: <i>(circle as appropriate)</i> Full Name: Mobile: E-Mail address Home address: <i>(if different from above)</i>  Post Code:
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**CORRESPONDENCE RELATING TO YOUR PROGRESS SHOULD BE SENT TO:**  
 MOTHER OR LEGAL GUARDIAN / FATHER OR LEGAL GUARDIAN / BOTH  
*(circle as appropriate)*

**PERSONAL DETAILS**

Nationality (as on passport):	Have you been living in the UK or EU for the last 3 years    Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of birth:	Are you an Asylum Seeker?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of arrival in the UK:    dd / mm / yy	Are you Refugee?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency contact name: <i>(preferably Parent or Guardian)</i>	This information will not affect your application, but a copy of your most recent IND papers will be required for our records
Emergency telephone no: <i>(preferably Mobile)</i>	

## EDUCATIONAL SUPPORT NEEDS

We are concerned to make sure you get any support you may need. Please tick Yes or No if you have had support in any of these areas.

**Disclosing support need will not affect your application.**

Do you have any health needs which significantly affect your daily life? Yes  No

If yes please specify:

Do you have a disability or access need? Yes  No

If yes please specify:

Do you have any learning difficulties? (e.g. dyslexia) Yes  No

Do you receive additional support at school? Yes  No

Have you received additional support arrangements for exams? Yes  No

Please give details of your support needs.

Would you like a confidential interview to discuss support options? Yes  No

## ETHNIC MONITORING (please tick one)

WHITE		MIXED		ASIAN or ASIAN BRITISH		BLACK or BLACK BRITISH		CHINESE	
<input type="checkbox"/>	British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Ghanaian	<b>ANY OTHER ETHNIC BACKGROUND</b>	
<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Nigerian		
<input type="checkbox"/>	Greek Cypriot	<input type="checkbox"/>	Other white background (please write below)	<input type="checkbox"/>	Other Asian background (please write below)	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Latin/South/Central America
<input type="checkbox"/>	Kosovan					<input type="checkbox"/>	Zairian/Congolese	<input type="checkbox"/>	Kurdish
<input type="checkbox"/>	Turkish Cypriot					<input type="checkbox"/>	Other African	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Turkish					<input type="checkbox"/>	Other Black background (please write below)	<input type="checkbox"/>	Other ethnic background (please write below)
<input type="checkbox"/>	Albanian								
<input type="checkbox"/>	Other white background (please write below)								

Is English your first language? Yes  No

What is the main language spoken in your home?

## PRESENT or MOST RECENT EDUCATION

Name of School/College	School/College Borough
Start date at current/last School/College: dd / mm / yy	Finish date at current/last School/College: dd / mm / yy

## COURSES YOU WANT TO STUDY

Please write in subject/s

Subject	Type of qualification (eg AS, BTech, GCSE)

## EXAMINATIONS TAKEN OR TO BE TAKEN

SUBJECT	TYPE OF EXAM (eg GCSE)	DATE OF EXAM	GRADE	SUBJECT	TYPE OF EXAM (eg GCSE)	DATE OF EXAM	GRADE

## STATEMENT IN SUPPORT OF APPLICATION

Why you want to study your chosen subjects at Highgate Wood School Sixth Form:

## STATEMENT OF APPLICANT

Please read the following statement and sign your agreement below.

I wish to apply for admission to the full-time course described in the COURSE DETAILS section. If offered a place in the Highgate Wood Sixth Form, I agree to comply with the general regulations, policies and procedures of the school and any particular conditions set out in the Offer of Admission.

I certify that the information given in this application is correct to best of my knowledge.

Signature:.....

Date:.....

Parent/Guardian Signature:.....

Date:.....

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You can also download a copy of this application form at: [www.hws6.com](http://www.hws6.com)

Completed application form to be returned to:  
**6th Form Centre  
 Highgate Wood School  
 Montenotte Road  
 London N8 8RN**

NAME OF APPLICANT: **YOUR APPLICATION CANNOT BE PROCESSED WITHOUT A COMPLETED SCHOOL/COLLEGE REFERENCE****To the applicant:** Thank you for completing your part of the application form.

Please hand the form to your Head of Learning/Head of Year who will arrange for the reference section to be completed.

**To the Referee:** Please complete the reference section below clearly in BLOCK CAPITALS**Please list subjects, examinations and predicted grades below:**

SUBJECT	EXAM (IF NOT GCSE)	PREDICTED GRADE	SUBJECT	EXAM (IF NOT GCSE)	PREDICTED GRADE
MATHS					
ENGLISH LANG.					

**Please tick the most appropriate boxes**

	EXCELLENT (98% +)	GOOD (95%)	AVERAGE (92%)	BELOW AVERAGE (90%)	POOR (< 90%)
<b>Attendance</b> (please state % if available)					
<b>Punctuality</b> (please state % if available)					
<b>Motivation</b>					
<b>Self-Discipline</b>					
<b>Relationship with staff</b>					
<b>Relationship with students</b>					

**Further comment if required**

**Is this student applying for a course appropriate to their abilities?****Please comment further on personal qualities or extra-curricular activities, if appropriate:**


Name:.....

Position:.....

Signature:.....

Date:.....

School stamp: