Sixth Form Application Form
(External Applications)

Please complete this form if applying from a school other than Imberhorne

Student Personal Details

Surname		**Forename**	

Date of Birth		**Gender**		**Current School**	

Address	

This allows us to request your Educational Record from your previous school. This gives us an insight into your educational progress to allow us to understand your needs.

We collect this data to enable us to identify students and because the law says we have to.

Home Telephone			
Student Mobile		**Parent Mobile**	
Preferred Contact Email			

This data enables us to communicate with you about your application. Only complete fields that you are happy for us to store and process.

Contact Details

Please give details of ALL PERSONS who have parental responsibility and anyone else you wish to be contacted in an emergency.

Priority 1: Title and Full Name:	Relationship to student:	Parental Responsibility?	Correspondence:
		☐ / ☐	

Home Address:	Home Telephone:	Work Telephone Number:
	Mobile Number:	Preferred E-Mail:

Priority 2: Title and Full Name:	Relationship to student:	Parental Responsibility?	Correspondence:
		☐ / ☐	

Home Address:	Home Telephone:	Work Telephone Number:
	Mobile Number:	Preferred E-Mail:

Correspondence: We will always send a copy of any e-mail or postal correspondence to the Priority 1 contact. Tick this box for any other contacts that you would like to receive copies of correspondence.
For those with parental responsibility but no e-mail address, we will post.

This data enables us to communicate with Parents & Carers about their children and school life, as well as to contact them in an emergency.
Only complete fields that you are happy for us to store and process.
Please ensure you have checked with any person whose details you enter on this form that they agree to you providing their information.

Emergency Consent and Medical Information

☐ I consent to any emergency medical treatment necessary during the course of a school visit (eg. anaesthetic, blood transfusion)

Medical Practice (Surgery):	Dietary Needs:

Medical information (including any allergies):	Disabilities:

We use this data to help care for students in the case of a medical emergency.
It's optional, but failing to provide it may delay medical treatment should it become necessary.

We use this to cater for the needs of your student and ensure they receive education that is appropriate for them.

Please turn over ▶

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GCSE Subjects

Please indicate your target, current and mock grade (if taken), for each of your GCSE Courses.
If you have already taken your GCSEs then please just complete the 'current' box.

Subject	Staff use only	Target	Current	Mock

Subject	Staff use only	Target	Current	Mock

Provisional Courses at Imberhorne

Please list your subject choices, as described in our 'Course Guide', in order of priority:

Subject (to be completed by applicant in order of priority)	**Level**	Office use only - Confirmed choices

If you are applying to other institutions please list them here:	**1.** **2.** **3.**

How likely do you feel that you will be studying at Imberhorne Sixth Form	**4**	**3**	**2**	**1**
	CERTAIN			UNLIKELY

Statutory Information

Ethnicity: *please tick*

☐ White—British	☐ White and Black African	☐ Any other Asian background
☐ White—Irish	☐ White and Asian	☐ Black Caribbean
☐ Traveller of Irish heritage	☐ Any other mixed background	☐ Black—African
☐ Any other white background	☐ Indian	☐ Any other Black background
☐ Gypsy / Roma	☐ Pakistani	☐ Chinese
☐ White and Black Caribbean	☐ Bangladeshi	☐ Refused to answer

First Language:	Home Language:

Pupil Country of Birth:	Pupil Nationality:

We collect this information because the Department for Education ask us to. Apart from helping those that don't speak English, we don't use it to treat any individuals in a different manner to anyone else—sometimes we'll even use it to make sure we don't. The DfE use it to monitor education patterns and trends across the country to ensure that the educational needs of all are being catered for.

If you prefer not to supply any of these pieces of information please write **"Refused"** in the relevant box.

Do you have a sibling / siblings attending the school?

Please turn over ▶

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Looked After Young People

Tick ☐	Student is currently a Looked After Young Person *defined in the Children Act 1989 as being in the care of, or provided with accommodation by, an English local authority*

Tick ☐	Student has previously been a Looked After Young Person *they have ceased to be looked after by a local authority in England and Wales because of adoption (i.e. they were adopted from care), a special guardianship order, a child arrangements order or a residence order*

We ask for this information because it enables us to claim "Pupil Premium" funding for students that are entitled to it.

If either of the above apply, the Local Authority responsible is/was:

Signed		**Date**		*Student*
Signed		**Date**		*Parent/Guardian*

1. Please check that you have completed **all sections** of this form.

2. Please return this completed form to:
Sixth Form Reception, Imberhorne School, Imberhorne Lane, RH19 1QY
or by email sixthform@imberhorne.co.uk

Please write a brief paragraph below with details about your future plans, reasons for applying to us and anything else that we should know at this stage.

We promise to ensure that this personal information is processed fairly, is correct, is stored safely, and is kept for no longer than needed. In most cases student data will be kept until the student reaches 25 years old. We might share this with other agencies or external service providers, full details can be seen in our full Privacy Notice at www.imberhorne.co.uk/data-protection

CONFIDENTIAL

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