

Swanlea Sixth Form Application



For Office Use Only Student Ref

Fill with a blue or black pen

PERSONAL DETAILS	
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Surname:	Sex: Male Female
First Name:	Date Of Birth: DD / MM / YYYY
Address:	Age on 31st August 2017: years old
	Previous School/College:
	Date From: DD / MM / YYYY
Postcode:	To: DD / MM / YYYY
Home Phone:	Born in UK: Yes No
Mobile Phone:	
Email:	If 'No', how long have you live in the UK? Years Month
PARENTAL CONTACT DETAILS	
PARENTAL CONTACT DETAILS	
Father/	/Carer Mother/Carer
Title (Mr/Mrs/Dr):	
Surname:	
Home Phone:	
Mobile Phone:	
Email Address:	
Home Address:	
Occupation:	
Work Address:	
	<u> </u>
Work Phone:	
DOCTOR'S DETAILS	
Doctor's Name:	Medical Requirements
Doctor's Phone:	Glasses C Eczema Asthma
Doctor's Address:	Allergies (provide details)
B 0000, 37, aa. 000.	
	Other

ETHNIC ORIGIN		
Asian or Asian British	Black or Black British	White
O Bangladeshi	○ African	○ British
O Indian	Caribbean	○ Irish
O Pakistani	Other	Other
Other		
Mixed/Other		
○ White & Asian	Chinese	
○ White & Black African	Other	
O White & Black Caribbean		
Other Mixed		
What is your First Language?		
○ English	Other	
Do you have a religious belief?		
○ No ○ Yes If so, p	lease specify	
SUPPORT NEEDS		
Are you on the special needs register?	YES ONO	
Autistic Spectrum Disorder	O Specific Learning Difficulty	O Physical Disability
Hearing Impairment	O Severe Learning Difficulty	O Visual Impairment
Moderate Learning Difficulty	Other Difficulty/Disability	Multi-Sensory Impairment
O Profound & Multiple Learning Difficulty	O Behaviour, Emotional & Social Difficulties	O Speech, Language & Communication Difficulty
Please state any access arrangements	that you received at your previous scho	ool.
O Extra Time%	Reader	Other - please state below
○ Enlarged Texts	○ Scribe	
EVANDINATIONS ALDEADY TAKEN		
EXAMINATIONS ALREADY TAKEN		
Subject Exa	amination (GCSE, BTEC, AS, A2, etc.)	Date (month/year) Final Grade

	Subject	Exami	ination (GCSE, BTEC, AS, A	A2, etc.) Da	ate (month/year)	Predicted Gra
	OF INTERES					
	OF INTEREST					
	evel (Max. 5 Sul	bjects)	BTEC Dip. L3 (Tic	k One)	BTEC Dip	. L2 (Tick One)
L .			O BTEC Health & S	ocial Care	O BTEC ICT	•
2.			O BTEC Business			
3.			OBTEC ICT			
			Obitelei			
1.			OBILETE			
			OBILETE			
4. 5.			OBILETE			
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SCRIBE YOUR CAREER PI	LANS		
STALL SCHOOL ACTIVIT	TIFS YOU HAVE PARTICIPA	ATED IN	
IST ALL SCHOOL ACTIVIT	TIES YOU HAVE PARTICIPA	ATED IN	
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Please return your completed application form to:Admissions, Swanlea Sixth Form, 31 Brady Street, London, E1 5DJ

Tel: 0207 375 3267 ext 375

Email: sixthform@swanlea.towerhamlets.sch.uk

PLEASE ASK YOUR TEACHER TO COMPLETE THIS SECTION

				guidance procedures. It is an open re performance and at enrollment to g			
Student Name:		IT IS ESSENTIAL THAT THIS REFERENCE IS COMPLETED BEFORE THE APPLICATION IS SENT TO SWANLEA.					
PERSONAL DETAILS							
Current Performance	1	2	3		1	2	3
Attendance (See % below)	\circ	0	0	Behaviour	0	\circ	0
Punctuality (See % below)	\circ	0	0	Relationship with staff	0	\circ	0
Attitude to study	\circ	0	\circ	Relationship with students	0	\circ	0
Ability to meet deadlines	0	0	0	Ability to work independently	0	\circ	0
1 = Poor (Below 9	95%)	2 = Goo	d (95% - 96%) 3 = Excellent (97%-	+)		
Are there any extenuating circu	ımstance	es to e	xplain an	poor performance above?			
Examinations student has alrea	dy taker	or to	be taken	with predicted grade or grade obtair	ned		
Examination (Full Subje	ect Nan	ne)	Grade	Examination (Full Subject N	lame)	Gra	ade
eg. English Language							
							=
Please comment on the studen	t's suitab	oility fo	or the cou	rse he/she has applied for.			
Any other comments on the stu	ıdent's p	erform	nance?				
December the standard continue of the			!		! -		=
If so, please give details.	onai ian	guage	or learnir	g support or have a statement of sp	eciai ne	eeas:	
Name							
Name: Position:				School/College stamp	here		
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