



YEAR 10

ACADEMIC YEAR: 2019/20

STUDENT NAME: _____ YEAR GROUP APPLYING FOR: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____ GENDER: _____

NATIONALITY: _____ ETHNICITY: _____

HOME ADDRESS: (incl. Postcode)	
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PARENT/GUARDIANS:

1ST CONTACT DETAILS

TITLE:	
FIRST NAME:	
LAST NAME:	
RELATIONSHIP TO STUDENT:	
ADDRESS: (if different from above)	
HOME NO:	
MOBILE NO:	
EMAIL:	

2ND CONTACT DETAILS

TITLE:	
FIRST NAME:	
LAST NAME:	
RELATIONSHIP TO STUDENT:	
ADDRESS: (if different from above)	
HOME NO:	
MOBILE NO:	
EMAIL:	

PREVIOUS SCHOOL:

NAME & ADDRESS:	
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MEDICAL INFORMATION:

ANY MEDICAL CONDITIONS:	
ANY SPECIAL EDUCATIONAL NEEDS	

PLEASE TELL US HOW YOU HEARD ABOUT THE ACADEMY:

RADIO ADVERT		RADIO DJ		SOCIAL MEDIA	
BUS ADVERT		NEWSPAPER ADVERT		NEWSPAPER ARTICLE	
POSTER		WORD OF MOUTH		LETTER THROUGH DOOR	
ONLINE					

IF RADIOSTATION, WHICH ONE: _____