

# global academy

YEAR 12/13

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/GUARDIAN CONTACTS:

### 1<sup>ST</sup> CONTACT DETAILS

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

**2<sup>ND</sup> 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	

**GCSE PREDICTED GRADES:**

SUBJECT	PREDICTED GRADE

**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:** \_\_\_\_\_