

RUSHCLIFFE SIXTH FORM

APPLICATION FORM



Rushcliffe
School

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

SURNAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	GENDER	CURRENT SCHOOL AND FORM GROUP	
ADDRESS FOR CORRESPONDENCE		PARENT / GUARDIAN CONTACT DETAILS	
		NAME OF CONTACT	
		CONTACT NUMBER	
		EMAIL	
COURSE CHOICES		FOR INTERNAL USE ONLY – TO BE COMPLETED AT INTERVIEW	
		STAFF CODE	DATE
SUBJECT ONE	INTERNAL CANDIDATE <input type="checkbox"/>	EXTERNAL CANDIDATE <input type="checkbox"/>	
SUBJECT TWO	FIRM CANDIDATE (FIRST CHOICE RUSHCLIFFE) IF NO PLEASE SPECIFY		YES / NO
SUBJECT THREE	LATEST PROGRESS REVIEW SUBMITTED		YES / NO
SUBJECT FOUR / RESERVE (DELETE AS APPROPRIATE)	TUTOR / HEAD OF YEAR REFERENCE SUBMITTED		YES / NO
SEND REQUIREMENTS EG. EXTRA TIME/DIAGNOSIS OF DYSLEXIA			
SUBJECTS CURRENTLY BEING STUDIED	TYPE OF QUALIFICATION E.G. GCSE	YEAR OF EXAM OR OF COMPLETION	PREDICTED OR ACHIEVED GRADES (TO BE CHECKED AT INTERVIEW)

PLEASE COMPLETE ALL SECTIONS AND RETURN WITH A PERSONAL STATEMENT (APPROX 300 WORDS) BY 7TH DECEMBER 2020 TO: RUSHCLIFFE SIXTH FORM, BOUNDARY ROAD, WEST BRIDGFORD, NOTTINGHAM, NG2 7BW OR EMAIL TO post16admissions@rushcliffe.notts.sch.uk