

**BIRCHWOOD HIGH SCHOOL**

Parsonage Lane
 Bishop's Stortford
 Herts CM23 5BD

Tel: 01279 655936

E-mail: jclift@birchwoodhigh.org.uk

Website: www.birchwoodonline.co.uk

SIXTH FORM APPLICATION FOR FOOTBALL ACADEMY

Personal Details

Family name (Surname):	Gender (please circle): F M
Forenames:	Date of Birth:
Present Address:	Home Telephone Number:
	Nationality:
Post Code:	Mobile Phone No:
Email address:	
(Unless otherwise requested, acknowledgement of receipt of applications will be made by email)	
Parental email address:	

External students

UCI and UPN numbers are available from your current school office

UCI No:	UPN No:
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Present Or Most Recent Education

School or College:	
Address:	
Tutor Group/Name of Form Tutor:	What Month / Year did you start:
Please attach a reference from your current Headteacher/Head of Year/Form Tutor which includes your predicted GCSE Grades	

Present Course Of Study: GCSE	Predicted Grade
1 English Language	
2 English Literature	
3 Mathematics	
4 Science (Double or Triple)	
5	
6	
7	
8	
9	
10	
11	

Qualifications Already Gained: (Do not include Mock Exams)

Year	Subject Title	Level

**Applications should be returned to Mr J Clift, Birchwood High School
 by Monday 18 December 2017**

Educational Support Needs

Many students need extra support to help them with their course. If you tick any of the boxes below your application will not be affected – it is to help us to support you.

Do you have any **additional** needs that the school should be aware of? Yes No If yes please tick indicate below:

Do you have a statement of SEN?		Moderate learning difficulty	
Partially sighted or blind		Emotional /behavioural	
Hard of hearing or deaf		Dyslexia	
Physical disability (wheelchair)		Multiple learning difficulties	
Medical/Physical disability (non – wheelchair)		Other (please give details)	

***If you have a Statement of SEN, it is vital that you make the Local Authority and your current school aware of this application as soon as possible.**

External candidates – any support needs should be discussed with the Personalised Learning department prior to application.

Please contact Ms Layla Price, 01279 655936 Ext. 3182

Personal Statement

Please set out below any extra – curricular activities in which you have been involved, both in and outside school, including sport, drama, music, dance or voluntary activities.

Positions Of Responsibility

Please indicate any leadership roles both in and outside school i.e. school projects, sports coaching, classroom support etc.

Your Future Plans

What do you want to do on completion of your course?

University

Employment

Other (specify)

Area of interest: _____

Please remember to complete the last page on the back of this sheet

Please read the following statement and sign/type below:

I wish to apply for admission to the full-time course described in the COURSE DETAILS section. If offered a place at Birchwood High School, I agree to comply with the Rules and Regulations set out by the school, abide with the school's dress code and to involve myself in activities which support the school. I certify that the information given is correct to the best of my knowledge.

Data Protection Acts – CONSENT TO PROCESS

Information you provide on this enrolment form will be passed to the Department of Education, which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data but it also allows the Department of Education to share information with other organisations for the purposes of detecting fraud.

Name: **Date:**

Parent / Carer	
Full name of Mother / Father / Carer (please delete as appropriate):	Name of Parent / Carer (essential): Date:
Address of above (if different from student):	Emergency telephone Number:
	Emergency contact Name (in case of illness / accident):

Please ensure all sections are completed.

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Applications received after the deadline will not be considered until results day.