Longley Park Sixth Form College

FREEPOST RLUS-CUCJ-YKBK

Horninglow Road

Sheffield

S5 6SG

0114 262 5757

**Longley Park Sixth Form College Application Form 2020**

**DETAILS ABOUT YOU**

|  |  |  |  |
| --- | --- | --- | --- |
| Your First Name: |  |  | Name of your Parents/Guardians and |
| Your Surname: |  |  | phone numbers |
| Second Name: |  |  |  |
| Date of Birth: |  |  |  |
|  |  |  |  |
| Your age on 31 August 2020 Y……/M…… |  |  |
|  |  | Do your Parents/Guardians live at your |
|  |  | normal home address? |
| Sex: |  | Male |  | Female |  |  |
|  |  |  | Yes |  | No |  |
| Address: |  |  |  |
|  |  | Have you lived abroad (other than for  |
|   |  | holidays) in the last 3 years? |
|  Post Code: |  |  |
|  |  |  | Yes |  | No |  |
| Tel: |  |  | If yes, what date did you arrive in UK? |
| Mobile: |  |  |  |  |
| Email: |  |  | Ethnicity: |  |
|  |  |  | Nationality: |  |
|  |  |  | First Language: |  |
|  |  |  |  |
| Unique Learner No (ULN) if known:  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| Please give details of your current school or the last school or college you attended full-time. |
|  |  |  |  |
| Name of School/College: |  |  | Address: |  |
|  |  |  |
|  |  |  Post Code: |
|  |  |  |
|  |  | Date of leaving: M……/Y…… |
|  |
| **COURSES & QUALIFICATIONS** |
| What courses would you like to take at Longley Park Sixth Form College |
|  |
| COURSE |  | LEVEL |
|  |  |  |
|  |  |  |
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|  |  |  |
| Please explain briefly why you are interested in these courses, including any career aims you have. |
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|  |

**PRESENT STUDIES**

We need details of your current qualifications and any exams you are taking this year.

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| --- | --- | --- |
| COURSE | LEVEL | EST. GRADE |
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| **RESULTS FROM EXAMS ALREADY TAKEN** |
|  |
| COURSE | LEVEL | YEAR TAKEN | EXAM BOARD | RESULT |
|  |  |  |  |  |
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| Please give details of any personal achievements, interests, work experience or responsibilities which might be useful when we discuss your plans with you. |
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| Do you have any learning or other difficulties that require extra support? Please give us details so that we can consider appropriate help. |
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**Please sign below to confirm that the details you have given are accurate. For any further information, please contact the College on 0114 262 5757.**

|  |  |  |
| --- | --- | --- |
| Signature of Student: |  | Date: |
|  |  |  |
| Signature of Parent/Guardian (if under 18) |  |
| I/We support this application: |  | Date: |