

SIXTH FORM APPLICATION FORM

Internal students

ABOUT THE APPLICANT

Surname					First Name(s)					
Date of Birth										
Gender	Male		Female							
	Prefer not to say		Self describe							
Address					Home Tel					
						Mobile				
					Email					
Parent Names					Parent Email 1					
					Parent Email 2					

FEE OPTION

Day Pupil		Full Boarder		Weekly Boarder (5 nights)		Weekly Boarder (4 nights)	
Weekly Boarder (3 nights)		Weekly Boarder (2 nights)		Weekly Boarder (1 night)			

SIXTH FORM OPTIONS

Use the Option Grid to help you make your choices.

List your subject choices in the table below and ensure you receive a supporting signature from the relevant Head of Department.

Subject	HoD Signature (from current school)	Comments from HoD

ENRICHMENT OPPORTUNITIES

Please indicate your interest in the enrichment opportunities

The Duke of Edinburgh's Award	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Young Enterprise	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Sixth Form Leadership Team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Other	<div></div>				

I wish to apply for a place at Sibford Sixth Form

Signature of Applicant		Date:	
Signature of Parent or Guardian:		Date:	