SALESIAN COLLEGE



APPLICATION FOR ADMISSION TO THE SIXTH FORM

STUDENT NAME:





Application for Admission

Personal Details				
Surname		Forenames		
Date of Birth		Age on 31st August		
Address		Religion		
		Telephone		
	Post code:	Brothers/Sisters attending college		
Parent/Guardia	n 1 (title and full name)			
Parent/Guardia	n 2 (title and full name)			
Address of parents or guardians:				
Emergency cont	tact names and teleph	one numbers:		
1:				
Pa	arent Email Address:			
Student Email Address:				
I would like details of the means tested bursary award				
Reasons for applying to Salesian College Sixth Form (please continue in the box on the inside back cover if needed)				



Academic Information

List below all GCSE examinations you have already taken, and GCSEs you wish to take next summer.

Date of exam	Board	Subject	Grade	Result/Prediction
The fifth choice is All students partic 1 2 3 4 5 Reserve		nment Programme		
Higher Education and Career Aspirations:				



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School History				
Name and address of present school		Headteacher		
		From	t	0
Previous Schools (secondary only if applicable)		From	f	ro
			•	
General interests and positions of responsibility (clubs, tear	ms, ch	oir, orc	chestra, etc)	•
III	NI.		Vac (n	
Have you previously had any learning support? (please tick) Have you any identified special educational needs? (please tick)	No L			lease give details below)
Do you suffer from any health problems? (please tick)	No [lease give details below)
Did you have any Access Arrangements at GCSE? (these will be reviewed as part of transition to KS5 in line with JCQ regulations) Copies of any specialist reports attached			Yes	
Signature of Applicant		Date		
Signature of Parent or Guardian		Date		



Confidential Reference for External Candidates

Please give details below of a referee from your current school in order that we can request a reference. This person would usually be either your Tutor, your Head of Year, or a senior member of staff responsible for post-sixteen education.

Please send your last school report and copies of Education Psychologist Reports, if appropriate, with your application.

Name of Referee:
Role:
School Contact Details:
Telephone:
Email:

Thank you for providing this information. In the event that your child does not join Salesian College, the information on this form will be deleted from all College records in line with GDPR regulations at the end of three months.

Please submit the completed form to:

EXTERNAL candidates by POST

The Admissions Secretary Salesian College Reading Road Farnborough Hampshire GU14 6PA



INTERNAL candidates by HAND

Dr. J Toal
Deputy Headmaster
Salesian College
Reading Road
Farnborough, Hampshire
GU14 6PA





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