

APPLICATION FORM FOR A PLACE AT ACADEMUS ALTERNATIVE

PLEASE USE BLOCK CAPITALS

SURNAME		PLEASE AFFIX A CURRENT PASSPORT SIZED PHOTOGRAPH OF THE CANDIDATE HERE
FORENAME		
DATE OF BIRTH		
NATIONALITY		
LANGUAGE SPOKEN AT HOME		
CURRENT ACADEMIC YEAR	Year 7 Year 8 Year 9 Year 10 Year 11	

PARENT OR GUARDIAN	MOTHER/GUARDIAN	FATHER/GUARDIAN
TITLE		
FORENAME		
SURNAME		
HOME ADDRESS		
POSTCODE		
OCCUPATION		
TELEPHONE NUMBERS	HOME:	HOME:
	WORK:	WORK:
	MOBILE:	MOBILE:
EMAIL ADDRESS		

PLEASE STATE SCHOOLS THE CANDIDATE ATTENDED IN THE LAST TWO YEARS (OR NONE)	
SCHOOL NAME:	
ADDRESS:	
POSTCODE:	
NAME OF HEAD:	
YEAR AND MONTH JOINED:	
PREVIOUS SCHOOL, WITH DATE OF ENTERING AND LEAVING:	
SCHOOL (1)	
	FROM: TO:
REASONS FOR LEAVING	
SCHOOL (2)	
	FROM: TO:
REASONS FOR LEAVING	

PLEASE ATTACH MORE DETAILS OF SCHOOL ATTENDANCE ON A SEPARATE SHEET

Ethnic origin (please tick)	
Asian or Asian British	Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other <input type="checkbox"/>
Black or Black British	African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other <input type="checkbox"/>
Chinese	Chinese <input type="checkbox"/>
Mixed	White/Black African <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> Any other <input type="checkbox"/>

White	British <input type="checkbox"/> Irish <input type="checkbox"/> Any other <input type="checkbox"/>
Other ethnicity	Please specify

CANDIDATES ACADEMIC INFORMATION:

KS2	MATHS	ENGLISH	SCIENCE
KS3	MATHS	ENGLISH	SCIENCE

WHAT WAS THE CANDIDATES ATTENDENCE: %

IF ATTENDANCE IS LOW, PLEASE PROVIDE INFORMATION REGARDING REASONS FOR LOW ATTENDANCE
(Medical or otherwise please explain)

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DOES THE CANDIDATE HAVE ANY LEARNING DIFFICULTIES? YES NO

HAS THE CANDIDATE BEEN ASSESSED FOR LEARNING DIFFICULTIES: YES NO
(IF YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET)

IS THERE ANY INFORMATION OF WHICH YOU WISH THE SCHOOL TO BE AWARE ABOUT THE CANDIDATE AND/OR FAMILY CIRCUMSTANCES? (E.G.MEDICAL CONDITION, SOCIAL/KEY WORKER CONTACT ETC.)

YES NO

(IF YES PLEASE PROVIDE DETAILS HERE OR IN A SEPARATE SHEET.)

EMERGENCY CONTACT DETAILS	
FIRST NAME	
LAST NAME	
WHAT IS THE RELATIONSHIP WITH STUDENT	
ADDRESS:	
POSTCODE:	
HOME TELEPHONE	
WORK TELPHONE	
MOBILE	
EMAIL:	

I agree to Academus Alternative collecting and processing personal data contained on this form for any purpose connected with my studies or my health and safety, whilst in Academus premises virtual or otherwise, or any other legitimate reason. My consent is conditional upon complying with its obligations and duties under the Data Protection Act 1998. The information provided by me on this application form is accurate.

Student signature Date (d/m/y)

Parent's signature Date (d/m/y)

School contact Date (d/m/y)