

# APPLICATION FORM



**ST. MARTIN-IN-THE-FIELDS  
SIXTH FORM [CO-ED]**  
Church of England Academy  
Headteacher: Mrs Beverley Stanislaus B.Ed. NPQH  
155 Tulse Hill, SW2 3UP  
020 8683 9498

STUDENT FORENAME

SURNAME

DATE OF BIRTH

MALE/FEMALE

RELIGIOUS DENOMINATION

ADDRESS

HOME TELEPHONE NO.

MOBILE

EMAIL

PARENT / GUARDIAN NAME

CONTACT NO.

PARENT / GUARDIAN EMAIL

NAME AND ADDRESS OF SECONDARY SCHOOL(S) ATTENDED	DATES

WHAT SUBJECTS ARE YOU HOPING TO STUDY?

YOUR PLANS

Why have you chosen these subjects?

What do you want to do in the future?

Hobbies and interests



# EMERGENCY CONTACT DETAILS

PLEASE NOTE CONTACTS MUST BE ADULTS WHO ARE ABLE TO COLLECT/ CARE FOR A STUDENT IN AN EMERGENCY

CONTACT 1 (residing at same address as student)			
Parent / Step-parent / Guardian / Grandparent (please circle)		Other (please specify)	
Surname	Forename	Title	
<i>(Mr. Mrs. Ms. etc.)</i>			
Work Number	Mobile	E-mail	

CONTACT 2			
Parent / Step-parent / Guardian / Grandparent (please circle)		Other (please specify)	
Surname	Forename	Title	
<i>(Mr. Mrs. Ms. etc.)</i>			
Work Number	Mobile	E-mail	
Address		Post Code	
Telephone number at this address			

CONTACT 3			
Parent / Step-parent / Guardian / Grandparent (please circle)		Other (please specify)	
Surname	Forename	Title	
<i>(Mr. Mrs. Ms. etc.)</i>			
Work Number	Mobile	E-mail	
Address		Post Code	
Telephone number at this address			

<b>BOROUGH OF RESIDENCE:</b>
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<b>DOES YOUR SON/DAUGHTER RECEIVE FREE MEALS?</b> YES / NO (please circle)
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<b>TRAVEL:</b> How will your son/daughter travel to school?
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<b>SPECIAL NEEDS</b>
Does your son/daughter have special needs? Please specify:

In order that we may accommodate, wherever possible, any parental needs when visiting the school, it would be very helpful if you could indicate any special requirements that would assist you.

**ETHNICITY** (please circle)**WHITE:** BRITISH / OTHER**BLACK:** CARIBBEAN / AFRICAN / OTHER**INDIAN / PAKISTANI / BANGLADESHI / CHINESE****OTHER MINORITY ETHNIC GROUP** \_\_\_\_\_**MIXED BACKGROUND:** WHITE/BLACK ANY OTHER MIXED BACKGROUND**RELIGION:** \_\_\_\_\_**HOME LANGUAGE**

At home, was a language other than English spoken predominantly during your son/daughter's developmental years? (age 1-7)

YES / NO

If yes, is it still being spoken predominantly now?

YES / NO

Please specify language: \_\_\_\_\_ Is English, therefore, her second language? YES / NO

**MEDICAL INFORMATION**

Name of Doctor

Address

Please state any special dietary needs:

Please state any medical condition we should be aware of:

Any medication your son/daughter takes on a regular basis:

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**[www.stmartins.academy](http://www.stmartins.academy)****PLEASE RETURN THIS APPLICATION FORM BY 18 DECEMBER 2015****BY HAND OR POST TO DIRECTOR OF SIXTH  
ST MARTIN-IN-THE-FIELDS SIXTH FORM  
155 TULSE HILL  
LONDON SW2 3UP**