**SIXTH FORM ADMISSIONS FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | | | |  | | | | | | | | | | **Legal surname:** | | |  | | | | | | | | | |
| **Forename:** | | | |  | | | | | | | | | | **Middle name:** | | |  | | | | | | | | | |
| **Chosen name:** | | | |  | | | | | | | | | | **Gender:** | | |  | | | | | | | | | |
| **Date of Birth:** | | | |  | | | | | | | | | | **Reg group:** | | |  | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Post Code:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | |  | | | | | | | | | | **Previous school:** | | |  | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency contact details**  Please give **full names and details** of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Priority** | **Name/relationship** | | | | | | | | **Home information** | | | | | | | | **Work information** | | | | | | | | | |
| **Emergency Contact 1** |  | | | | | | | | **Address:** | | |  | | | | | **Address:** | | |  | | | | | | |
| **Tel:** | | |  | | | | | **Tel:** | | |  | | | | | | |
| **Mobile:** | | |  | | | | | **Mobile:** | | |  | | | | | | |
| **Emergency Contact 2** |  | | | | | | | | **Address:** | | |  | | | | | **Address:** | | |  | | | | | | |
| **Tel:** | | |  | | | | | **Tel:** | | |  | | | | | | |
| **Mobile:** | | |  | | | | | **Mobile:** | | |  | | | | | | |
| **Emergency Contact 3** |  | | | | | | | | **Address** | | |  | | | | | **Address** | | |  | | | | | | |
| **Tel** | | |  | | | | | **Tel** | | |  | | | | | | |
| **Mobile** | | |  | | | | | **Mobile** | | |  | | | | | | |
| **Emergency Contact 4** |  | | | | | | | | **Address** | | |  | | | | | **Address** | | |  | | | | | | |
| **Tel** | | |  | | | | | **Tel** | | |  | | | | | | |
| **Mobile** | | |  | | | | | **Mobile** | | |  | | | | | | |
| **Name of any siblings already at the Teesdale School and Sixth Form** | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Are parents/carers members of the Armed Forces?** Please give details | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **The Government has made extra funding in school available to support students who do not live with their birth family. If this applies, please tick here** *(in confidence)* | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Travel arrangements** (please tick one option) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bike** |  | | **Train** | | | | |  | | | **Car/van** | | | | |  | **Walk** | | | | |  | | **Taxi** | |  |
| **Public bus** |  | | **School bus** | | | | |  | | | **Car share** | | | | |  | **Other** | | | | |  | | | | |
| **Dietary needs/meal arrangements** (please tick one)  Please let us know if your child is entitled to free meals, even if s/he brings in packed lunch, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Free school meal** | | | |  | | **Paid school meal** | | | | | | |  | **Sandwiches** | | | |  | | | **Other** | | | |  | |
| **Medical information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical practice:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Telephone number:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Medical conditions:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Medical notes:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Subject choices** *(please choose either 3 or 4 choices from below)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BTEC Applied Science |  | BTEC Health and Social Care | | | | |  | | | BTEC Sports Science | | | |  | Product Design | | | |  | English Lang | | | | | |  |
| English Lit |  | Biology A level | | | | |  | | | Music | | | |  | Maths | | | |  | Further Maths | | | | | |  |
| Chemistry |  | Physics | | | | |  | | | Psychology | | | |  | Geography | | | |  | History | | | | | |  |
| Sociology |  | French | | | | |  | | | Spanish | | | |  | Art | | | |  | Photography | | | | | |  |
| **General Data Protection Regulation:**  *The North East Learning Trust is registered for holding personal data. The Academy has a duty to protect this information and to keep it up to date. Our Privacy Notice provides details of our requirement to share some of this information.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |