



ADMISSION TO ST THOMAS MORE RC SIXTH FORM – YEAR 12

APPLICATION FORM – 2017 /2018

Please read the Admissions Policy and this application form carefully before you complete it and complete all relevant sections. The form should be returned direct to St Thomas More R C Academy indicating “Sixth Form Application” on the envelope.

1 Student’s Name:..... Date of Birth:
School currently attended: Male/Female

2 Names of Parents/Carers:.....
Address:.....
.....
.....

Post Code: Tel. No:.....

3 I have read the **Admissions Policy and Oversubscription Criteria** and am applying under category *(please write category number in the box, 1 – 8)*

4 a) Does your son / daughter have a statement of Special Educational Needs?

Yes No

b) Does your son / daughter have any disability of which the school / Local Authority needs to be aware that would make it difficult for him / her to take part in school activities?

Yes No

If yes, please specify

.....
.....
.....

5 Is your son / daughter in Public Care? Yes No

If yes, please give the name of the Social Worker.

.....

6 Will your son / daughter have a sibling still attending St Thomas More R C Academy in September 2016?

Yes No

Name of Sibling: Date of Birth:.....

7 Families applying under category 1, 2, 3 and 4 please complete this section:

a) The Church where your son / daughter was baptised:

.....

b) The date (approximately and year) in which your son / daughter was baptised:

.....

8 Families applying under category 7 please complete this section:

a) Denomination or Faith:.....

b) We attend/ are members ofChurch/ Place of Worship

c) Name of Minister / Faith Leader:

You should arrange for a supporting letter to be sent from your Minister / Faith Leader.

The letter should be sent to the school with your application **and** clearly marked "In support of Sixth Form Entry".