



NOWER HILL HIGH SCHOOL 6th FORM

(HARROW 6TH Form COLLEGIATE)

FOR OFFICE USE ONLY

6th Form Full-time Application Form & Student Information 2010 - 2011

NAME OF CURRENT SCHOOL AND CONTACT PERSON :

SCHOOL : CONTACT PERSON :

1. PERSONAL DETAILS :

DATE OF BIRTH : GENDER (Male or Female) : M / F

PUPIL'S LEGAL SURNAME :

SURNAME NORMALLY USED (if different) :

FORENAME :

FORENAME NORMALLY USED (if different) :

MIDDLE NAMES :

HOME ADDRESS :

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POSTCODE :

HOME TELEPHONE :

PARENT MOBILE : STUDENT MOBILE :

UPN NUMBER (can be obtained from current school) :

UCI NUMBER (can be obtained from current school) :

WHAT IS YOUR RELIGION?: Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No Religion / Other (PLEASE CIRCLE).

PLEASE GIVE DETAILS OF ANY SUCH SPECIAL RELIGIOUS REQUIREMENTS

MEDICAL INFORMATION: Name, address and telephone number of Doctor :

State here any special medical condition we should know about. (Please continue on a separate sheet if necessary)

TO ENABLE US TO SUPPORT YOU, PLEASE TICK BOX AS APPROPRIATE. IF YOU THINK YOU HAVE A :

DISABILITY LEARNING DIFFICULTY HEALTH PROBLEM

PLEASE GIVE DETAILS - DISABILITY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Visual Impairment - 01 | <input type="checkbox"/> Other Physical Disability - 04 | <input type="checkbox"/> Mental ill Health - 07 |
| <input type="checkbox"/> Hearing Impairment - 02 | <input type="checkbox"/> Other Medical Condition - 05 | <input type="checkbox"/> Temporary Disability - 08 |
| <input type="checkbox"/> Mobility Difficulty - 03 | <input type="checkbox"/> Emotional or Behavioural Difficulty - 06 | <input type="checkbox"/> Profound Complex Disability - 09 |
| <input type="checkbox"/> Multiple Disabilities - 90 | <input type="checkbox"/> Other - Please state - 97 | |

PLEASE GIVE DETAILS - LEARNING DIFFICULTY :

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Moderate Learning Difficulty - 01 | <input type="checkbox"/> Severe Learning Difficulty - 02 | <input type="checkbox"/> Dyslexia - 10 | <input type="checkbox"/> Dyscalculia - 11 |
| <input type="checkbox"/> Other Specific Learning Difficulty - 19 | <input type="checkbox"/> Multiple Learning Difficulties - 90 | <input type="checkbox"/> Other - Please state - 97 | |

PLEASE GIVE DETAILS OF SUPPORT REQUIRED :

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ANY DISCLOSURE OF DISABILITY WILL BE USED ONLY TO HELP ENSURE THAT REASONABLE ARRANGEMENTS ARE MADE TO SUPPORT YOU ON YOUR COURSE.

ETHNICITY :

PLEASE HELP US TO MONITOR OUR EQUAL OPPORTUNITIES POLICY BY FILLING IN THIS SECTION. IT WILL NOT AFFECT YOUR CHANCES OF A PLACE.

(Please tick box which most closely represents your ethnicity) I CONSIDER MY ETHNIC ORIGIN TO BE :

WHITE:	Please tick	ASIAN or Asian British:	Please tick	BLACK or Black British:	Please tick
23 White – British		11 Bangedeshi		15 Black African	
24 White – Irish		12 Indian		16 Black Caribbean	
25 Mixed – Any other White background		13 Pakistani		17 Any other Black background	
Travelling of Irish Heritage		14 Any other Asian background		21 Mixed – White and Black Caribbean	
Gypsy/Roma		18 Chinese		20 Mixed – White and Black African	
22 Any other mixed background		19 Mixed – White and Asian		99 Information refused/not known	
		98 Any other ethnic group		Information not yet obtained	

Have you been resident in the U.K. for the last 3 years? YES NO

If no, what is your country of family origin :

If no, what is your date of entry into the U.K.

Language spoken at home : English as an Additional Language : Yes / No

Other languages spoken at home :

LUNCH ARRANGEMENTS :

Are you currently entitled to FREE SCHOOL MEALS ? : YES NO

HOW WILL YOU TRAVEL TO SCHOOL? :

Walk Bus Train Cycle Car Taxi Other

CONTACT WITH HOME:

1st Parent or Carer Relationship to child (e.g. parent, grandparent, carer)

Priority* **Title (e.g. Mr, Mrs)** **Surname** **Forename**

Home address (no need to give this if it is the same as child's address) **Daytime Telephone No.**

Work or daytime address **Mobile Telephone No.**

Email address

2nd Parent/Carer/Contact Relationship to child (e.g. parent, grandparent, carer)

Priority* **Title (e.g. Mr, Mrs)** **Surname** **Forename**

Home address (no need to give this if it is the same as child's address) **Daytime Telephone No.**

Work or daytime address **Mobile Telephone No.**

Email address

