

SBALC 10

APPLICATION FOR ADMISSION TO A GCSE/A LEVEL COURSE

Please complete all boxes in print or type. This form should be returned to the Entitlement Coordinator in your school, who will retain a copy of your application before sending the original to the provider school.

PERSONAL INFORMATION			
PUPIL'S Surname			
Forename(s) (in full)			
Preferred Forename			
Home Address			
	Post Code		
Home Tel. No. (Mark with X if ex-directory.)			
Date of Birth	/ /	Sex	M <input type="checkbox"/> F <input type="checkbox"/>
EDUCATIONAL INFORMATION			
School offering the course applied for			
Course applied for	Title:	Level (please circle): GCSE AS	
Evidence of Meeting Entrance Requirement			
Other subjects that you intend to study at this level			
Present School			

Pupils will be admitted to a course in accordance with the receiving School's admissions criteria.

I/We hereby apply for the admission of my/our daughter/son to the above GCSE/AS level course, commencing Autumn 2010 at the school identified.

It is my/our intention that if accepted she/he shall complete the full course of study.

Signed.....(Father/Guardian).....(Mother/Guardian)

Date

<p>To be completed by the applicant's school</p> <p>Date received:</p> <p>Applicant informed of outcome:</p>	<p>To be completed by the school offering the course</p> <p>Date received:</p> <p>Applicant admitted: YES NO</p> <p>Applicant's school informed:</p>
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