

The Forest Academy Campus

Harbourer Road, Hainault Ilford, IG6 3TN

Tel: 020 8501 6672 SFT@theforestacademy.co.uk www.theforestacademy.co.uk

Beal High School Campus

Woodford Bridge Road, Ilford,, IG4 5LP

Tel: 020 8551 9378 Fmail: admin@healsixthform.co.uk www.bealhighschool.co.uk

Closing	date for Appl	ications:
1 st	March	2019

Sixth Form Office U	Jse Only:	Date Rece	eived:		
IAG Meeting:				Logged:	
Conditional Offer:		No Offer:			

Beal Sixth Form - The Forest Academy Campus Sixth Form Application (September 2019Entry) EXTERNAL APPLICANTS ONLY

PLEASE COMPLETE BOTH SIDES IN BLACK PEN AND BLOCK CAPITALS

Student Applicant - Personal Information:

Last Name:	First Name:		
Date of Birth:	Gender:		
Address:			
Post Code:			
Home Telephone Number:	Mobile Number:		
Email address: (please write clearly)			
First Language:	Ethnicity:		
Religion:	Do you have any special needs: (give details)		
Name of Current / Previous School or College:			
Name of Parent / Carer:			
Relationship: Co	ontact Telephone Number:		

Examinations already taken:

Subject	Level (e.g. GCSE)	Board	Grade

Subject Tier Level (e.g. GCSE) Board Predicted Grade Maths English Language English Literature Science Science

Courses being studied & predicted grade: (Please state tier for English & Maths)

<u>Preferred Level of Study</u> – Refer to 'Courses Offered' Literature

- You should make yourself aware of courses offered and their specific entry requirements.
- If, after you receive your results, you have not met the entry requirements we will amend our offer to a suitable course for you.

Priority	<u>Subject</u>	A LEVEL and /or BTEC Level3
1		
2		
3		
4		
Reserve		

What are your plans after you leave S	ixth Form?	
Student Signature	Date	
Parent / Carer Name	Signature	

Beal Sixth Form - The Forest Academy Campus Sixth Form External Applicant's Reference

Confirmation of Details - to be completed by the applicant's current school/college PLEASE ENSURE THIS REFERENCE IS RETURNED WITH THE APPLICATION FORM

Applicant's Details:
Last Name: First Name:
Student's Unique Pupil Number (UPN): (essential)
Date of Birth:/
Are the predicted grades indicated a true reflection of the candidate's ability?
YES NO If 'no', please comment
Would you offer this student a place at your school Sixth Form?
YES NO If 'no', please comment
Please comment on the following:
ACADEMIC PERFORMANCE & SUITABILITY FOR CHOSEN COURSE:
PERSONAL QUALITIES:
INTERESTS & ACHIEVEMENTS/CONTRIBUTION TO SCHOOL LIFE:

Please turn over & complete the reverse side

BEHAVIOUR ISSUES:		
OTHER COMMENTS / AI	DDITIONAL INFORMATION (optional):	
ATTENDANCE %:	PUNCTUALITY:	
Thar	nk you for taking the time to complete this reference.	
Sahaal Cantaat Nama	Desition	
	Position	
Signature	Date	
Talankana Namakan		
	·	
Email Address		
School Stamp:		

Please return the completed application form WITH reference to:

Jenni Cook Sixth Form Student Services Manager The Forest Academy, Harbourer Road, Hainault, Ilford, Essex IG6 3TN

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