KINGSWOOD SECONDARY ACADEMY

'Be inspired'

APPLICATION FORM FOR POST-16 STUDY

PLEASE COMPLETE IN BLOCK CAPITALS

First Name of Applicant:		Surname of Applicant:		
Date of birth: (Required)		Male or Female:		
Parent/Guardian Mr/Mrs/Miss/Ms				
Home Address:				
			Post Code:	
Home Telephone No.		Mobile No.		
Email Address:				
Secondary Schoo attended:			Tutor Group:	
Attendance in Ye 11:	ar	Name of Head of Year:		

Please return your completed application form to:

THE KINGSWOOD SECONDARY ACADEMY, GAINSBOROUGH ROAD, CORBY, NORTHANTS, NN18 9NS OR THE 6^{TH} FORM OFFICE.

FOR OFFICE USE	ONLY:		
Date application re	ceived:		
MEETING:	YES	NO	
OFFER:	YES	NO	
OFFER LETTER SENT:	YES	NO	
COMMENTS:			

Fill in subjects currently studied and your predicted grades:

Subject	Predicted Grade
English	
Mathematics	
Science	

Additional Subjects:

Subject	Predicted Grade	Subject	Predicted Grade

Write your choice of 6th Form subjects in order of preference:

1 st Choice	2 nd Choice	3 rd Choice	4 th Choice (Reserve)

We will plan the option blocks to fit around your choices, as far as possible, provided your application form is returned by February half-term.

Signature of Applicant:	
orginatare or Appricante	

Parental approval: I confirm that the information in this form is correct and I support the application.

Cignotiums of Dowenty	
Signature of Parent:	
•	

Please note – we will endeavour to offer all the courses listed in the prospectus, but this will be dependent on recruiting sufficient numbers for each course.