Application for Admission to:

**University Academy Holbeach - Sixth Form**

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| --- |
| **About You** |
| First Name: |  |
| Surname: |  |
| Date of Birth: |  |
| **Your Contact Details** |
| Telephone (Home): |  |
| Telephone (Mobile): |  |
| Address:  |
|  |
|  |
|  |
| Post Code: |  |
| Email: |  |
| **Your Current School** |
| Current School: |  |
| There is no need to complete the school contact details below if you are currently attending **University Academy Holbeach**. |
| Person we can contact for reference: |  |
| School Telephone number: |  |
| School email address: |  |
| School address: |  |
|  |
|  |
|  |
| Post Code: |  |
| **Your Application** |
| Please identify your preferred subject area:TechnicalVocationalAcademicIn the space below please identify your preferred subject(s). Please be aware that every effort will be made to accommodate all preferences, but in some cases it may not be possible to do so. Please identify your choices in priority order. |
| Subject 1: |  |
| Subject 2: |  |
| Subject 3: |  |
| Subject 4: |  |
| **Qualification** |
| Subjects | Predicted Grade | (or) Grade Achieved |
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Please return this form to:

Miss A English (Sixth Form Student Manager)

University Academy Holbeach

Park Road

Holbeach

Spalding

Lincs

PE12 7PU

Data Protection Act 1998

I understand that the information provided on this form will be held by University Academy Holbeach and may be shared with other organizations such as Connexions, for administration, careers, guidance, statistical and research purposes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_