**BRANSTON COMMUNITY ACADEMY**

**APPLICATION FOR SIXTH FORM SEPTEMBER 2025**

**Please complete fully in black ink and return to**

**Mr Wilson, Vice-Principal by Friday 21st November 2025**

**Please include a photocopy of your latest school report with your application**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **ADDRESS:** | **Home Tel. No:** |
| **e-mail address:** | **Student Mobile No:** |

|  |
| --- |
| **CURRENT SCHOOL ADDRESS:** |

|  |  |  |
| --- | --- | --- |
| **GCSE SUBJECTS** | **LEVEL: GCSE, BTEC,LEVEL 2** | **ESTIMATED/ACTUAL GRADES** |
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| Career intentions: …………………………………………………………………………………….  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………… | | |
| Please explain briefly why you would like to join Branston Sixth Form:  ……………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………. | | |

PROPOSED SIXTH FORM COURSES

**TWO YEAR ADVANCED COURSES**

After referring to the list of subjects available indicate below your choices, placing them IN RANK ORDER. All students should choose **4** subjects, as far as possible.

|  |  |
| --- | --- |
| **SUBJECTS (*In Rank Order*)** | |
| 1 | 3 |
| 2 | 4 |

**NB:** GCSE English and Mathematics courses will be included for those students who have not gained a 4 or above.

**REFEREES: Please include two referees from your current school, preferably your form tutor and, where possible a teacher related to at least one of your sixth form courses.**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_\_ |

Please tick if any of the following apply to you:

Looked After Child  Entitled to Free School Meals  Service Child

**Please include a photocopy of your latest school report with your application.**

**APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’S APPROVAL:** I approve of my son/daughter entering the Sixth Form for 1 – 2 years.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Guardian*

**NB:** If at any time after submitting your application you wish to review or change your options it is essential that you contact Mr Wilson immediately.