

ASHMOLE ACADEMY EXTERNAL APPLICATION FORM FOR POST 16 EDUCATION FROM SEPTEMBER 2018

The closing date for applications is Monday 29th January 2018

FULL NAME: Dat	re of Birth: Enclose a copy of birth certificate or passport]
HOME ADDRESS:	
	student lives:
Home Phone Number:	
PARENT'S NAMES:	
PARENT'S ADDRESS (If different from above):	
Parent's Mobile Phone Number(s):	
Parent's E.mail address:	
PRESENT SCHOOL:	Year Group/Form
SCHOOL ADDRESS:	
NAME OF HEADTEACHER:	
TELEPHONE NO:	
ANY OTHER SECONDARY SCHOOLS ATTENDED:	
Please consult the Ashmole Academy Post and list the 'A' Level courses you v	
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2.	
2	<u> </u>
3.	
3.	

GCSE Examinations <u>already</u> taken							
Subject	Date	Level	Subject	Date	Level		
_							
			ILL TO BE taken tificate programmes				
Subject	Date	Level	Subject	Date	Level		
1.60			5.				
gned (Student):	•••••	• • • • • • • • • • • • • • • • • • • •	Date:	•••••	• • • • • • • • • • • • • • • • • • • •		
gned (Parent/Carer):			Date:				
The closing date	for appli	cations	is Monday 29 th January	2018.			
Please return your application							
and if applicable [oversea	s applican	ts only]	proof of the right of abou	le in the UK,	to:		
The Admissions Co-ordinator			ny, Cecil Road Southgate L ns@ashmoleacademy.org	ondon, N14	5RJ		
Eman of							
If you would like acknowledg your email address below.	ement of	receipt	of your application form, p	olease comp	olete		
Email:							

EXAMINATION DETAILS:



ASHMOLE ACADEMY CONFIDENTIAL REFERENCE FORM

To be completed by Current School

To the Applicant: Please complete the first section and hand the form to your Head Teacher to complete.

To the Referee: Please check that all GCSEs are entered plus any other exams to be taken. Complete the predicted grades and the reference section below or provide us with a copy of your standard reference that includes the students predicted grades or results already achieved in examinations. We appreciate a prompt reply.

Please Return to:

The Admissions Co-ordinator, Ashmole Academy, Cecil Road, Southgate, London, N14 5RJ

NAME OF APPLICANT:______ D.O.B. _____

URRENT SCHOOL:					
GCSE Subject or other qualifications	Predicted Grade	GCSE Subject or other qualifications	Predicted Grade		
Vame:		School Stamp:			
Position:					
Signed:					
Date:					