

**Application for a Sixth Form Place (External Students)**

**September 2024**

(Please return to [melissawhite@chalfonts.org](mailto:melissawhite@chalfonts.org) or to Mr Way, Head of Sixth Form)

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| --- | --- | --- | --- | --- |
| Name: | | | Date of Birth**:** | |
| Address (inc postcode):  Parent’s Telephone Number:  Parent’s Email address: | | | | |
| Name and address of current/previous school: | | **Examinations to be taken in summer 2024** | | |
|  | | **Predicted grades** |
| Contact name for Reference: | |
| Position: | |
| Do you have any Special Educational Needs? If so, please give details. | | | | |
| **Disability Disclosure:** This information is required so that all applicants who consider themselves to have a disability will be offered the most appropriate support. The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability as defined by the Disability Discrimination Act? If so, please give details below. | | | | |
| Course(s) applied for (in order of preference): | | | | |
| What do you intend to do after your Sixth Form Course? | | | | |
| Signature: | Date: | | | |

Decision Yes/No Date