



Post-16 Application Form

Please return this form to the Sixth Form Administrator at the above address.

Please print in block capitals.

Closing date: **Thursday 8th February 2024**

Personal Details

Surname: _____ First Name: _____

Male/Female (please delete as applicable)

Date of Birth: _____

Email address: _____

Home Address: _____

Postcode: _____

Telephone: _____

Education

Name and address of school/college: _____

_____ Tel. No: _____

Application

Courses you wish to study in the sixth form in order of preference

Subjects you are thinking of studying?

1.

2.

3.

4.

Please tell us about yourself

Why do you wish to follow these courses and what are your reasons for applying to King Solomon High School?

What interests, school responsibilities, work experience etc. do you have?

Please indicate whether King Solomon High School is your **1st, 2nd, 3rd** choice **(Please Circle)**

How did you hear of King Solomon High School Sixth Form? **(Please Circle)**

Through a friend/ Newspaper/ Prospectus/ Attended King Solomon Years 7 – 11/ Website/ Other – Headteacher or Head of Year

Support of your application

Do you have the support of your parent or guardian in making this application?

<hr/>	<hr/>	<hr/>
Signature of applicant	Signature of parent/guardian	Date

External candidates only

Please pass this form onto the person at your school or college who will write your reference.

Passport
photo

KING SOLOMON HIGH SCHOOL
SIXTH FORM REFERENCE REQUEST

Name of Applicant: _____ **UPN No:** _____

Please circle the description which most closely fits the student's suitability for the course he/she is interested in:

Strong candidate

Suitable candidate

Weak candidate

Unrealistic

Examinations

List the examinations the student is entered for or has taken, together with predicted or actual grades

Subject	Level	Predicted grade	Actual grade If taken	Subject	Level	Predicted grade	Actual grade If taken

Tick the most appropriate boxes

	Excellent	Good	Average	Below average	Poor
Attendance					
Punctuality					
Motivation					
Attitude to staff					
Attitude to students					
Self-discipline					
Initiative					

Has this student been excluded from school for any reasons? Give details ^{Does} _{School stamp}

this student have any special needs? Give details

If English is not the first language, please give an indication of the level of competence in English

Would you offer this student a place in your Sixth Form?

Signed _____

Position _____

School _____

Date _____

Please return this to the address on the front of the form