FOR OFFICE USE:
Yr Gp:
House:
Sch No:



BARNARD CASTLE SIXTH FORM

STUDENT APPLICATION FORM

STUDENT'S NAME:

PARVIS IMBUTUS



STUDENT APPLICATION

Student's Surname:	\square Day
First names:	☐ Flexi Boarding (min 4 nights a week)
Preferred name:	☐ Full Boarding
Date of birth (dd/mm/yyyy):	Year of entry:
Please explain why you wish to apply	for a place in Barnard Castle Sixth Form:



BARNARD CASTLE SIXTH FORM

cts vou would like to study for A	Level. Please note, this is for u
	<i>.</i>
☐ Art	Biology
Chemistry	☐ Computer Science
Design Technology	Economics
English Literature	☐ EPQ
Geography	☐ German
☐ Information Technology	☐ Latin
☐ Further Mathematics	☐ Music
☐ Physics	☐ Politics
☐ Religious Studies	☐ Spanish
☐ Theatre Studies	
you are not signing up for any o	t these at this point):
Academic Mentoring	☐ History Cogioty
	☐ History Society ☐ LawSoc
	<u> </u>
	Oxbridge Programme
	☐ Chemistry ☐ Design Technology ☐ English Literature ☐ Geography ☐ Information Technology ☐ Further Mathematics ☐ Physics ☐ Religious Studies



BARNARD CASTLE SIXTH FORM

Admission to Barnard Castle Sixth Form depends on a prospective student meeting the criteria required to contribute towards the educational standards and ethos of the Sixth Form. All current and prospective students will be treated fairly regardless of race, gender, belief, sexual orientation, age, religion or disability.

Notes

Early application is recommended. Applications will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the Sixth Form at the time offers are made. A copy of the Sixth Form's Terms and Conditions will be supplied on request.

Declaration

I would like to apply to Barnard Castle School's Sixth Form.

All information is processed in accordance with our Privacy Notice, available on our website www.barnardcastleschool.org.uk

Signature of Student	Signature of Parent / Legal Guardian
Signature:	Signature:
Name in full (please include all names):	Name in full (please include all names):
	Relationship to child:
Date:	Date:

This application form should be returned to Mrs Beadnell at feb@barneyschool.org.uk

Tel: +44 (0)1833 696030 Fax: +44 (0)1833 638985

Email: admissions@barneyschool.org.uk

www.barnardcastleschool.org.uk