



Oxford Road  
Kidlington  
Oxfordshire  
OX5 2NT

Tel. 01865 374971

Fax. 01865 841029

Email: office.4060@gosford-hill.oxon.sch.uk

Website: www.gosford-hill.oxon.sch.uk

Headteacher: Nigel Sellars BMus Hons, LGSM

## Application for Gosford Hill School Sixth Form September 2017

Surname \_\_\_\_\_ Forename \_\_\_\_\_ Tutor Group \_\_\_\_\_

External applicants please complete the additional information section overleaf.

### Level 3 choices: A Levels and BTEC Level 3.

- You are advised to choose upto four courses.
- Discuss your choices with your parent(s)/carer, your form tutor, appropriate subject staff and careers / Adviza personnel at school.
- Please refer to our **entry requirements** and individual course descriptions, these can be found in our Sixth Form Course Information booklet and website.

*Please indicate your chosen courses below.*

Choice in preference order	Subject	Grade required (check course booklet)
1		
2		
3		
4		

*What career and / or university course ideas do you have at present? (i.e. what do you hope to do after Sixth Form?)*

Student signature :

Parent / carer signature :

Form tutor signature :

.....

.....

.....

**Gosford Hill students** please return this form to your **form tutor**.



**Application for Gosford Hill School Sixth Form – September 2017** continued

**External applicants only**

If you are applying to Gosford Hill from another school or college, please complete the information below to assist us with your application.

Your parent's name(s): \_\_\_\_\_ Your date of birth: \_\_\_\_\_

ULN (Unique Learner Number): \_\_\_\_\_ UCI (Unique Candidate Identifier): \_\_\_\_\_

Your home address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone \_\_\_\_\_

Email address: \_\_\_\_\_ Current or last school: \_\_\_\_\_

School address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Places offered will be subject to Gosford Hill School receiving a satisfactory reference. Who should we contact for a reference?

Name of Referee: \_\_\_\_\_ Position of Referee: \_\_\_\_\_

(They should be a Head of Year, Head of House or member of the School Leadership Team)

Referee's email address: \_\_\_\_\_ Referee's telephone: \_\_\_\_\_

If English is not your first language please answer the following questions:

First Language: \_\_\_\_\_ Date of entry into UK: \_\_\_\_\_ Fluent in English : Y / N

How did you hear about Gosford Hill School Information Evening? \_\_\_\_\_

*Special Educational Requirements (please indicate if you will receive any extra time in your KS4 examinations, the results of any special psychologist report or any previous diagnosis regarding special educational needs. NB this information will not affect your application but will help us to support you if you are accepted).*

**External applicants** please return forms to Liz Hounsell 14-19 Pathway Manager, Gosford Hill School, Kidlington, OX5 2NT [sixthform@gosford-hill.oxon.sch.uk](mailto:sixthform@gosford-hill.oxon.sch.uk) **by Friday 9<sup>th</sup> December.**

<b>Current predicted GCSE or BTEC grades – please complete (also indicate if you have already achieved certain subject qualifications e.g. RPE)</b>					
<b>Subject</b>	<b>Grade</b>	<b>Subject</b>	<b>Grade</b>	<b>Subject</b>	<b>Grade</b>
1		5		9	
2		6		10	
3		7		11	
4		8		12	