

St John Fisher Catholic High School

Sixth Form Subject Selection – September 2021

Name		Current School/Form	
Address (inc. Postcode)		Date of Birth	
		Tel. No.	
Email		Mobile No.	

Please select a total of 3 subjects and 1 reserve from those listed below in priority order. You should choose only 1 subject per block

Block A		Block B		Block C		Block D	
<input type="checkbox"/>	H and S Care	<input type="checkbox"/>	H and S Care	<input type="checkbox"/>	H and S Care	<input type="checkbox"/>	Religious Studies
<input type="checkbox"/>	IT	<input type="checkbox"/>	IT	<input type="checkbox"/>	Sociology	<input type="checkbox"/>	Chemistry
<input type="checkbox"/>	English Language	<input type="checkbox"/>	History	<input type="checkbox"/>	Business	<input type="checkbox"/>	Geography
<input type="checkbox"/>	Maths	<input type="checkbox"/>	Biology	<input type="checkbox"/>	English Literature	<input type="checkbox"/>	Sport (double)
<input type="checkbox"/>	Sport (single)	<input type="checkbox"/>	Media Studies	<input type="checkbox"/>	French	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Spanish	<input type="checkbox"/>	

Other courses not listed above:.....

.....

.....

Reasons for applying for these courses. Include future career interests.

Other information you wish to include (hobbies, interests and previous achievements).

Signed by student: Date:

Statement by parent/carer: This application has my consent:

Signed: Date:

(Parent/Carer)

Application for Sixth Form Admission - Sept 2021

For completion by External applicants only

Please complete all the information below and provide copies of the following documents:

- Baptismal Certificate/evidence from Religious Leader
- Proof of home address (Rent book or utility bill)
- Passport or Birth Certificate
- Any reports you may have from your previous school.

Family Name..... Male/Female(delete as applicable)

First Name(s) Date of Birth

Home Language..... Current Year Group.....

Date of Entry to UK (if applicable)..... Email Address.....

Home Address

Postcode Home Telephone Number

Full name of Mother/Guardian

Day time telephone number.....

Full name of Father/Guardian

Day time telephone number.....

Religion Place of Baptism

(a copy of the Baptismal Certificate is required as proof of baptism)

Name and Address of Church or Other Place of Worship

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Name of Priest, Minister of Religion or Leader of Faith Community to whom the family is known

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Present/Previous School

Address Postcode

Date of Admission Date of Leaving

Name(s) of brothers/sisters at St John Fisher Catholic High School

..... DOB Year Group.....

..... DOB Year Group.....

Reason for choosing St John Fisher School:

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Compassionate factors you would like the Governors to take into account:

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Any other information you wish to be considered:.....

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Declaration (to be completed by the parent):

To the best of my knowledge the information given in this application is correct. I agree to notify the Governors of St John Fisher School immediately of any change of address or other circumstances.

Signed Name

Relationship to Child Date

Please return to: Sixth Form Admissions, St John Fisher Catholic High School, Park Lane, Peterborough, PE1 5JN