



# Dallam School

## APPLICATION FOR A SIXTH FORM PLACE

Headteacher: Mr N J Whittle BA(Hons)  
Milnthorpe, Cumbria, LA7 7DD

T: 015395 65165 F: 015395 65175

E: enquiries@dallamschool.co.uk W: www.dallam.eu

Please complete the form using **BLOCK CAPITALS** to avoid any confusion

Current School

Family Name

Forename(s)

Country of Birth

First Language

Religion (if any)

Date of Birth

Gender

### CONTACT 1

Relationship to Student

Family Name

Forename

Title

Address

Postcode

Tel (Home)

Tel (Work)

Tel (Mobile)

Email

### CONTACT 2

Relationship to Student

Family Name

Forename

Title

Address

Postcode

Tel (Home)

Tel (Work)

Tel (Mobile)

Email

Other Contact in case of Emergency

Name:

Tel:

*By UK law – the mother of any child has parental responsibility for them. If the parents are married then parental responsibility is a joint venture. In the case of unmarried parents, if your child was born prior to 1 December 2003, the mother has sole parental responsibility and the father must apply to the courts to obtain parental responsibility, even if he is named on the child's birth certificate. [www.lawandparents.co.uk/parental-responsibility](http://www.lawandparents.co.uk/parental-responsibility)*

Doctor's name and address/  
Telephone Number

**GCSE/BTEC Subjects being taken (or equivalent) *\*leave blank until results day***

<b>Subject</b>	<b>Target Grade</b>	<b>Final Grade*</b>	<b>Subject</b>	<b>Target Grade</b>	<b>Final Grade*</b>

**Do you receive extra time in your exams? YES / NO**

**If yes, please give details:**

**Please indicate your Post-16 preferences by ticking one of the boxes below:**

**I am only applying for Dallam Sixth Form**

**As well as my application for Dallam Sixth Form, I am submitting other applications to:**

**Personal Statement and career plan:** (include reasons for your subject choices, career choices post-16, your interests, hobbies, part-time employment/work experience and career plans. You can continue on a separate sheet if you need more space.)

Does the student have any medical or particular needs that we should be aware of? If yes, please provide details in the space below or continue on a separate sheet.

Please give details of any medication your child is receiving e.g. Ventolin, insulin etc.

Does the student wear glasses?

YES NO

Does the student have a hearing difficulty?

YES NO

Is the student registered disabled?

YES NO

Is the student adopted from care?

YES NO

Ethnic origin please tick one of the boxes below:

White	Asian or Asian British	Mixed
British	Indian	White & Black Caribbean
Irish	Pakistani	White and Black African
Traveller of Irish heritage	Bangladeshi	White and Asian
Gypsy/Roma	Any other Asian background	Any other mixed background
Any other white background		
Black or Black British	Chinese	Any other ethnic background
Caribbean		
African	I do not wish an ethnic background category to be recorded	
Any other Black background		

Method of travel to School

Lunch Arrangements

I have access to the internet and email and I agree I will check, on a regular basis, ParentMail for new documents information and updates

I do not have access to the internet and email and will need paper copies of all new documents (please tick as appropriate)

Signature of Parent/ Carer

Signed

Date

It is the responsibility of parents to inform us if separate school information is required by a parent who does not live with the student.