

Sir John Hunt Sir John Hunt has an Community Sports College Sixth Form

inclusive Sixth Form, which meets the needs of all our students

F.A.O Sixth Form **Sir John Hunt Community College Plymouth** PL6 5FG

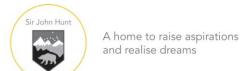
SIR JOHN HUNT SIXTH FORM

Expression of Interest

□ Application Approved

(Please complete ALL sections and return to college) This is not a confirmation of a place.

Student's Details:							
Full Name (Legal)							
Preferred Name If different from legal							
Home Address Including post code							
Tel. No.				dent's oile No.			
Date of Birth			Gei	nder		Male / F	emale
Previous School His	story						
School Name		Address			Date started		Date finished
Information from prev			seen □				
Details of other children in the family: NAME AGE SCHOOL							
INAIV			AGE		3(JIIOOL	



Parent/Carer Contacts:

The Education Act requires that all parents/step-parents/carers should be listed here along with their relationship to the student, even if the student no longer lives with them. Also, please give details of at least one other person who may be contacted in an emergency, if parents/carers are not available.

1 st Contact details –	Must be the person the student	: lives with
Full Name	·	(Mr/Mrs/Miss)
Address (including postcode)		
Home Telephone	Mobile Num	ber
Work Number	Place of wo (if appropria	
Email address:		
Relationship to Student	Parental Responsibil	ity YES / NO
2 nd Contact details		
Full Name		(Mr/Mrs/Miss)
Address (including postcode)		
Home Telephone	Mobile Num	ber
Work Number	Place of wo (if appropria	
Email address:		
Relationship to Student	Parental Responsibil	ity YES / NO
3 rd Contact details		
Full Name		(Mr/Mrs/Miss)
Address (including postcode)		
Home Telephone	Mobile Num	ber
Work Number	Place of wo (if appropria	
Email address:		
Relationship to	Parental Responsibil	ity YES / NO



Please indic	ate your child's ed	ducational needs s	tatus			
ECHF		SEND	None		Other	
If other please	state					
GCSE grades	s achieved / predic	ted				
English		Maths				
School year G	CSE's achieved:					
Medical Issue Please indicate a	es any medical issues here	:				
Medical Prac		ntact number of your me	edical practice:			
	,	•	,			
Disabilities Please indicate a	any disabilities here:					
Molfore						
Welfare If the student i	is in care, please sta	ate the Care Authori	ty			
Name of Socia	al Worker/Youth Wo	orker				
Custody and Please describ		on access to your ch	ild (eg following	divorce o	r separa	ition):
Would you li (if applicable)		rts to go to both Pa	arents YES		NO	
		ent, with parental o gular HM Forces			NO	



Please indic	ate your child's	s usual lunch arra	angement.		
Canteen	Pac	ked Lunch	Home	Free School Meal	
Please indicate your child's usual method of travel to school.					
Walk		Car/Share	Other	(Please specify)	
The Department school pupils.	This information	equires schools to one is being collected w	ith the best intention	on the ethnic background of ons. Our ethnic background be as nationality or country of	
Ethnic Backg (eg White Brit		oean / Black)			
Religion:		Home I	anguage:		
Office Use Or					
SEN					
Evidence Seen? □ Copy Distributed?: SEN dept □ CTSW dept □ Evidence Type:					
71		Staff Co			
GCSE's					
Maths Certifica	ate Seen □	Photocopy taken a	and held □		
English Certific	cate Seen □	Photocopy taken a	and held □		
Signature:		Staff Co	de: Da	ite:	
Home visit / Fa	amily meeting \Box	Staff Code:	Date:		
Enrolment Cou	mnlete: Ves □	No П			

