



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.		Student's Mobile No.	
Date of Birth		Gender	Male / Female

Previous School History

School Name	Address	Date started	Date finished

Information from previous school welfare seen ☐

Details of other children in the family:

NAME	AGE	SCHOOL



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.

1st Contact details – Must be the person the student live with

Full Name	(Mr/Mrs/Miss)		
Address (including postcode)			
Home Telephone		Mobile Number	
Work Number		Place of work (if appropriate)	
Email address:			
Relationship to Student		Parental Responsibility	YES / NO

2nd Contact details

Full Name	(Mr/Mrs/Miss)		
Address (including postcode)			
Home Telephone		Mobile Number	
Work Number		Place of work (if appropriate)	
Email address:			
Relationship to Student		Parental Responsibility	YES / NO

3rd Contact details

Full Name	(Mr/Mrs/Miss)		
Address (including postcode)			
Home Telephone		Mobile Number	
Work Number		Place of work (if appropriate)	
Email address:			
Relationship to Student		Parental Responsibility	YES / NO



A home to raise aspirations
and realise dreams

Please indicate your child's educational needs status

ECHP ☐

SEND ☐

None ☐

Other ☐

If other please state _____

GCSE grades achieved / predicted

English ☐

Maths ☐

School year GCSE's achieved: _____

Medical Issues

Please indicate any medical issues here:

Medical Practice

Please tell us the name, address and contact number of your medical practice:

Disabilities

Please indicate any disabilities here:

Welfare

If the student is in care, please state the Care Authority _____

Name of Social Worker/Youth Worker _____

Custody and Access

Please describe any restrictions on access to your child (eg following divorce or separation):

NO

Would you like copies of reports to go to both Parents **YES**
(if applicable)

Does the student have a parent, with parental care and YES ☐ **NO** ☐
responsibility, serving in regular HM Forces military units?



A home to raise aspirations
and realise dreams

☐

Packed Lunch

☐

Home

☐

Free School Meal

☐☐

Car/Share

☐

Other

☐

Please indicate your child's usual lunch arrangement.

Canteen

Please indicate your child's usual method of travel to school.

Walk *(Please specify)*

Ethnically based information:

The Department for Education requires schools to collect information on the ethnic background of school pupils. This information is being collected with the best intentions. Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth.

Ethnic Background:

(eg White British / White European / Black) _____

Religion: _____ **Home language:** _____

Office Use Only

ULN Number: _____

UPN Number: _____

UCI Number: _____

SEN

Evidence Seen? ☐ Copy Distributed?: SEN dept ☐ CTSW dept ☐

Evidence Type: _____

Signature: _____ Staff Code: _____ Date: _____

GCSE's

Maths Certificate Seen ☐ Photocopy taken and held ☐

English Certificate Seen ☐ Photocopy taken and held ☐

Signature: _____ Staff Code: _____ Date: _____

Home visit / Family meeting ☐ Staff Code: _____ Date: _____

Enrolment Complete: Yes ☐ No ☐



A home to raise aspirations
and realise dreams

