Sir John Hunt



Sir John Hunt
Community
Sports College
Sixth Form

Sir John Hunt has an 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.				Stud Mobi	ent's le No.			
Date of Birth				Gend	ler		Male / F	emale
Previous School His	story							
School Name		Add	res	s		Date	started	Date finished
Information from previous school welfare seen □								
Details of other chil	dren in	the family:						
NAM	IE		Α	GE		S	CHOOL	



## **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 <sup>st</sup> Contact details –	Must be the person the student	t live   with
Full Name		(Mr/Mrs/Miss)
Address (including postcode)		
Home Telephone	Mobile Num	ber
Work Number	Place of wo appropriate	`
Email address:		
Relationship to Student	Parental Responsibil	ity YES / NO
2 <sup>nd</sup> Contact details		
Full Name		(Mr/Mrs/Miss)
Address (including postcode)		
Home Telephone	Mobile Num	ber
Work Number	Place of wo appropriate	`
Email address:		
Relationship to Student	Parental Responsibil	ity YES / NO
3 <sup>rd</sup> Contact details		
Full Name		(Mr/Mrs/Miss)
Address (including postcode)		
Home Telephone	Mobile Num	ber
Work Number	Place of wo appropriate	· ·
Email address:		
Relationship to Student	Parental Responsibil	ity YES / NO

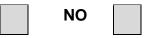


## Please indicate your child's educational needs status

ECHP	SEND	None	Other
If other please state			
GCSE grades achieved /	predicted		
English	Maths		
School year GCSE's achie	ved:	<del></del>	
Medical Issues Please indicate any medical issu	ies here:		
Medical Practice			
Please tell us the name, address	s and contact number of your	medical practice:	
Disabilities			
Please indicate any disabilities h	ere:		
Welfare			
If the student is in care, ple	ase state the Care Autho	ority	
Name of Social Worker/Yo	uth Worker		
Custody and Access Please describe any restric	tions on access to your o	child (eg following divo	orce or separation):
		ſ	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 responsibility, serving in regular HM Forces military units?





	Packed Lunch	Home	Free School Meal	
	Car/Share	Other		
Please indicate your child	l's usual lunch arrangem	ent.		
Canteen				
Please indicate your child	i's usual method of trave	l to school.		
Walk (Please specify)				
Ethnically based information The Department for Education school pupils. This information describes how we think of ours birth.  Ethnic Background:	requires schools to collect n is being collected with the	best intentions. (	Our ethnic background	
(eg White British / White Eu	ropean / Black)			-
Religion:	Home langua	age:		

Office Use Only	
ULN Number:	
UPN Number:	
UCI Number:	
SEN	
Evidence Seen?   Copy Distributed?:	SEN dept □ CTSW dept □
Evidence Type:	
Signature: Sta	taff Code: Date:
GCSE's	
Maths Certificate Seen ☐ Photocopy to	aken and held □
English Certificate Seen □ Photocopy to	aken and held □
Signature: Sta	taff Code: Date:
Home visit / Family meeting □ Staff Code:	Date:
Enrolment Complete: Yes □ No □	

