



EMMANUEL COLLEGE

Sixth Form Student Application Form – 2019

Student details

To be completed by the student's parent, carer or guardian in **BLOCK CAPITALS**, please.

Surname (*as on birth certificate*) _____

First names(s) (*as on birth certificate*) _____

Preferred forename _____

Permanent address _____

Postcode _____

Date of birth _____

Gender _____

Name and tutor of siblings currently at Emmanuel _____

Current school and address _____

Subjects currently being studied at GCSE _____

Desired subjects to take at A Level _____

Parent/carer/guardian details

Full name	1. _____	2. _____
Relationship to child	_____	_____
Address	_____	_____
Postcode	_____	_____
Home telephone	_____	_____
Mobile telephone	_____	_____
Email address	_____	_____

I understand that it is my responsibility to ensure that the form is received by College and enclose a stamped addressed envelope for written confirmation of receipt.

Signature of parent/carer/guardian _____ Date _____

This application should be returned **by Friday, 19 July 2019** to: VI Form Administration, Emmanuel College, Consett Road, Gateshead, NE11 0AN.

If you have any queries, please telephone 0191 4602099.