

## APPLICATION FORM

Please complete this form as fully and accurately as possible as information will be used for examination entrance.

Please check our website for terms and conditions.

Return your completed application form to [admincam@abbeycambridge.co.uk](mailto:admincam@abbeycambridge.co.uk)

Photograph to be provided when student arrives at the college

### SECTION 1 - Student Details

Title Mr  Mrs  Miss  Other

Family Name

First Name

Gender

Date of Birth (dd/mm/yy)

Telephone  Mobile

Student email address

Home Address

City  Postcode

Country

### SECTION 2 - Parents

#### Parent 1

Title Mr  Mrs  Miss  Other

Family Name

First Name

Relationship to Student

Telephone  Mobile

Email Address

Contact Address (if different from above)

City  Postcode

Country

To receive reports, absence alerts and exam results

Yes  No

#### Parent 2

Title Mr  Mrs  Miss  Other  Family

Name

First Name

Relationship to Student

Telephone  Mobile

Email Address

Contact Address (if different from above)

City  Postcode

Country

To receive reports, absence alerts and exam results

Yes  No

### SECTION 3 - Emergency contact

Please provide details of the person to be contacted in an emergency if we are unable to contact parents or legal guardian

Title Mr  Mrs  Miss  Other

Family Name

First Name

Relationship to Student

Telephone  Mobile

Email address

Contact Address

City  Postcode

Country

## SECTION 4 - Course selection

### GCSE Programme

September (2 year)  January (18 months)

September (1 year)

### A-Levels

September (2 years)  January (18 months)

\*September (1 year)

\*Only applicable if students have done A-Levels before or wish to re-sit a subject

## SECTION 5 - Education history

Previous school

Date of study (dd/mm/yy)  to

Address

Date you received (or will receive) your certificate

(dd/mm/yy)

City  Postcode

Please include your 13 digit UCI number

Country

## SECTION 6 - Medical and support needs

Do you have a medical condition eg. Chronic conditions, allergies, asthma, diabetes? Yes  No

Do you have a disability? Yes  No

Do you have any special educational needs? Yes  No

Have you been convicted of a criminal offence? Yes  No

Would you like to board with us? Yes  No

**If you have answered Yes to any of the above, please provide details below or attach supporting evidence**

Preferred Doctor

Address

Phone Number

## SECTION 7 - Application checklist and declaration

**We require the following section to be completed in order to process your application**

Check that you have:

Completed all sections of the application form

Attached certified copies of your academic transcripts

Attached a copy of your passport or birth certificate

### Parent 1

Signed

Date (dd/mm/yy)

### Student

Signed

Date (dd/mm/yy)

### Parent 2

Signed

Date (dd/mm/yy)