



Legal Surname _____

Home Address _____

Legal Forename(s) _____

Preferred Name(s) _____

Postcode _____

Age on 1st September 2010 _____

Home Telephone _____

Date of Birth _____

Mobile _____

Male Female

Email _____

Present School or College attending	Date From	Date To

Examinations already taken and/or to be taken in the current academic year							
Date	Subject	Level	Predicted Grades/Results	Date	Subject	Level	Predicted Grades/Results

Your choice of course

Our aim is to ensure that you choose a programme of study that is suitable for you and that will help you achieve your full potential. We are here to help and advise you. Your final choice of course need not be made until after you have your results.

Are you, at this stage, fairly sure which course you wish to take at Ashton on Mersey 6th Form? Yes No

Please list subjects you may be interest in studying.	
(There will be several opportunities for you to discuss this further before final choices are made)	
1.	
2.	
3.	
4.	

Please list additional courses you would consider	
1.	
2.	

Applicants signature _____

Parent/Guardian name _____

Parent/Guardian signature _____

Emergency Contact Number _____

Please return your application form to: Ashton on Mersey Sixth Form, Cecil Ave, Sale, Cheshire, M33 5BP