

SIXTH FORM APPLICATION FORM



King Alfred School
149 North End Road
London NW11 7HY

For School Use:

Registration No: _____

Registration Fee: £ _____

Registration Date: _____

Siblings d.o.b _____

Student's Surname: _____ Date of Birth: _____

Student's Forenames: _____ Sex: Male Female
(Please underline the usual name)

Home Address: _____

Home Tel. No. _____ E-mail address: _____

Father's Office: Tel: _____ Mother's Office: Tel: _____

Mob: _____ Mob: _____

Present School: _____

School Address: _____

Name of Head: _____ Tel. No.: _____

Entry date to King Alfred School preferred in: _____

Please provide full information under the following headings:

Mother's Full Name: _____ Title: Mrs / Miss / Ms / other

Mother's occupation: [If a Director, please state the type of business.] _____

Father's Full Name: _____ Title: Mr / other

Father's occupation: [If a Director, please state the type of business] _____

In the case of separated parents, please state whether divorced or separated and with whom the applicant lives, and whether there is a new marriage partner/step siblings.

Other children in Family:

Name:

Date of Birth:

School:

Brief Medical History of student **including** details of any specific health problems:

How did you hear of our school? Recommendation/Advertising/Other: please specify. (If old Alfredian please give maiden name where applicable).

TO BE COMPLETED BY THE STUDENT

Please let us have a brief summary of your particular interests and indicate why you feel that KAS would be the right school for you. Please feel free to include a separate letter with this Application Form and let us have details of anything that you think would be helpful to us in considering the application.

SCHOOL PROGRESS: PLEASE ENCLOSE A COPY OF THE MOST RECENT SCHOOL REPORT. IN ADDITION IF YOUR SON/DAUGHTER HAS RECEIVED ANY PROFESSIONAL HELP OR ASSESSMENTS FOR LEARNING DIFFICULTIES, COULD YOU PLEASE SEND US COPIES OF THE RELEVANT REPORTS.

Please be sure that this form is fully completed. It cannot be processed without a completed A Level Choice Form.

**I ENCLOSE HERewith THE NON-REFUNDABLE REGISTRATION FEE OF £35.
I UNDERSTAND THAT THIS DOES NOT GUARANTEE A PLACE AT KING ALFRED SCHOOL.**

Name: _____

Relationship to student: _____

Signed: _____

Date: _____

AS/A2 OPTION BLOCKS – 2012/2013

Please choose up to 4 subjects at AS Level

A	B	C	D	E
Mathematics	History	Biology	Business Studies <i>or</i> Economics	Art
Photography	Media Studies	Design and Technology	Chemistry	ICT <i>or</i> Computing
Drama and Theatre Studies	Physics	French	English Literature	Geography
Government and Politics	Spanish	Further Mathematics		Music
	Music Technology	Mathematics		Philosophy
	Critical and Contextual Studies in Art			

Please complete the details below:

Name: e-mail

Date of Birth Mobile Number Tutor.....

Parent Contact Number:

Block A HoD.....

Block B HoD.....

Block C HoD.....

Block D HoD.....

Block E HoD.....