

# External Candidate Subject Choice Form 2017

ST PETER'S  
SIXTH FORM



Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Forename/s \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Student Mobile \_\_\_\_\_

Student Email \_\_\_\_\_

Parent/Carer Email \_\_\_\_\_

### Subject Choice

Please indicate six subjects that you are interested in studying, in order of preference.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

4th \_\_\_\_\_

5th \_\_\_\_\_

6th \_\_\_\_\_

### Qualifications to be taken summer 2017

Subject	Level (GCSE/ BTEC)

Please print and complete this form and return to Ms A Hemmings, Sixth Form Coordinator, St Peter's Sixth Form, Horseshoe Lane East, Guildford, GU1 2TN by 9th December 2016.

You will automatically be invited to an informal meeting in January 2017.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY:

**EXTERNAL APPLICANTS ONLY**

**FAITH DECLARATION - TO BE COMPLETED BY THE PARENT/CARER**

If your child is a member of the Catholic Church, other Christian denomination or faith, please complete Part A, Part B or Part C below as appropriate.  
If neither applies to your child, please go straight to Part 5 on this form.

**A. For applicants applying for a Catholic child, please complete the following:**

I confirm the child is a member of the Catholic Church	<b>YES</b>	
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Date and place of baptism (or Reception into Church if applicable) including address	
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Name and address of the current parish/es you are registered under:

**B. For applicants applying for a child of another Christian denomination please complete the following:**

I confirm the child is a member of another Christian denomination	<b>YES</b>	
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Which denomination?	
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Date and place of baptism/dedication (if applicable) including address	
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Name and address of the current parish/es you are registered under:

**C. For applicants applying for a child of another faith please complete the following:**

I confirm the child is a member of another faith	<b>YES</b>	
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Which faith?	
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Date and place of baptism/dedication (if applicable) including address	
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Name and address of the current designated places of worship you are registered under:

**NEXT STEP:**

**PART 2 TO BE COMPLETED BY CATHOLIC PRIESTS**

**PART 3 TO BE COMPLETED BY OTHER CHRISTIAN DENOMINATIONS**

**PART 4 TO BE COMPLETED BY OTHER FAITHS AND MINISTERS/FAITH LEADERS**

**PART 5 TO BE COMPLETED BY PARENTS AND CARERS**

**PART 2 - TO BE COMPLETED BY CATHOLIC PRIESTS ONLY**

I am satisfied that the child is a baptised Catholic/has been received into the Church Yes  No

Signature of Priest: \_\_\_\_\_  
NAME IN BLOCK CAPITALS: \_\_\_\_\_  
Date: DD/MM/YYYY  
Parish (or ethnic chaplaincy): \_\_\_\_\_

Parish Stamp/Seal:

**PART 3 - TO BE COMPLETED BY MINISTERS/FAITH LEADERS OF OTHER CHRISTIAN DENOMINATIONS**

I am satisfied that the child is baptised/dedicated/has become a member of the faith  
Yes  No

Denomination/Faith: \_\_\_\_\_

Parish/Faith Community Stamp/Seal:

Signature of authorised Minister/Faith Leader: \_\_\_\_\_  
NAME IN BLOCK CAPITALS: \_\_\_\_\_  
Date: DD/MM/YYYY  
Parish/Faith community: \_\_\_\_\_

**PART 4 - TO BE COMPLETED BY MINISTERS/FAITH LEADERS OF OTHER FAITHS**

I am satisfied that the child is baptised/dedicated/has become a member of the faith

Yes  No  Denomination/Faith: \_\_\_\_\_

Signature of authorised Minister/Faith Leader: \_\_\_\_\_

NAME IN BLOCK CAPITALS: \_\_\_\_\_

Date: DD/MM/YYYY

Name and address of the child's designated place of worship:

\_\_\_\_\_  
\_\_\_\_\_

**PART 5 TO BE COMPLETED BY PARENT/CARER**

*I confirm that I have read and understood the Sixth Form Admissions Policy and that the information I have given on this form is accurate and truthful. I understand that I must notify the school immediately if there is any change to these details and that should any information I have given prove to be inaccurate the Governing Body may withdraw any offer of a place, even if the child has already started at the school.*

Parent/Carer signature \_\_\_\_\_

Print full name Mr/Mrs/Miss/MS/Dr \_\_\_\_\_

Date: DD/MM/YYYY