



Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Please print and complete this form and return to The Sixth Form Coordinator, St Peter's Sixth Form, Horseshoe Lane East, Guildford, GU1 2TN by Friday 27<sup>th</sup> November 2026. You will be invited to an informal meeting in January 2027.

Office Use Only: