

Applicants should complete Sections A-C. Please hand completed application forms into the school's main reception. If you have any queries please contact icornwell@brentford.hounslow.sch.uk

| Section A: Personal Details | | | |
|---|-----------------------|--------------------|--|
| Surname | | | |
| Forename | | | |
| Gender | | Date of Birth | |
| Email address | | Telephone | |
| Home Address | House name or number: | | |
| | Street: | | |
| | Borough: | | |
| | City: | | |
| | Postcode: | | |
| Name of parents/ carers 1 | | | |
| Email address 1 | | Telephone number 1 | |
| Name of parents/ carer 2 | | | |
| Email address 2 | | Telephone number 2 | |
| Address (if different from above) | House name or number: | | |
| | Street: | | |
| | Borough: | | |
| | City: | | |
| | Postcode: | | |
| Emergency Contact Name 3 | | Telephone number 3 | |
| Current school | | Head of Year | |
| Current tutor group (Brentford only) | | | |
| If you are: eligible for free school meals; currently in care; a care leaver in receipt of income support or a disabled young person in receipt of Employment Support Allowance and Disability Living Allowance you will be eligible for the 16-19 Bursary. Please indicate below if you believe you are eligible | | | |
| <input type="radio"/> Yes I believe I am eligible because _____ <input type="radio"/> No I am not eligible | | | |

Other Information

Nationality:

Place of birth:

Date student arrived in UK (if not born here):

Name of Local Authority of which you are a resident:

Previous school attended:

Religion of student:

First language of student:

First language of family:

LanguagePlease tick one of the boxes which describes your child's home language, e.g. any language

(in addition to English) spoken by anyone in the family at home.

| | | | | | |
|-------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| Amharic | <input type="checkbox"/> | Gaelic | <input type="checkbox"/> | Singhalese | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> | Greek | <input type="checkbox"/> | Somali | <input type="checkbox"/> |
| Armenian | <input type="checkbox"/> | German | <input type="checkbox"/> | Spanish | <input type="checkbox"/> |
| Bengali | <input type="checkbox"/> | Gujurati | <input type="checkbox"/> | Swahili/Kiswahili | <input type="checkbox"/> |
| Chinese-Cantonese | <input type="checkbox"/> | Hindi | <input type="checkbox"/> | Tagalog/Filipino | <input type="checkbox"/> |
| Chinese-Other | <input type="checkbox"/> | Italian | <input type="checkbox"/> | Tamil | <input type="checkbox"/> |
| Creole-English | <input type="checkbox"/> | Malay | <input type="checkbox"/> | Turkish | <input type="checkbox"/> |
| Creoloe-French | <input type="checkbox"/> | Polish | <input type="checkbox"/> | Twi | <input type="checkbox"/> |
| English | <input type="checkbox"/> | Portugese | <input type="checkbox"/> | Urdu | <input type="checkbox"/> |
| French | <input type="checkbox"/> | Pashto | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Farsi | <input type="checkbox"/> | Panjabi | <input type="checkbox"/> | Welsh | <input type="checkbox"/> |
| Ga | <input type="checkbox"/> | Serbo-Croat | <input type="checkbox"/> | Yoruba | <input type="checkbox"/> |

Other please specify _____

ETHNICITY

Please tick one of the boxes below which best describes your child's ethnic origin.

| | | | |
|---------------------------------------|--------------------------|--------------------------------|--------------------------|
| White – English | <input type="checkbox"/> | Sinhalese | <input type="checkbox"/> |
| White – Scottish | <input type="checkbox"/> | Sri Lankan Tamil | <input type="checkbox"/> |
| White – Welsh | <input type="checkbox"/> | Any Other Asian Background | <input type="checkbox"/> |
| Other White British | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Black Nigerian | <input type="checkbox"/> |
| White Traveller of Irish Heritage | <input type="checkbox"/> | Black Ghanaian | <input type="checkbox"/> |
| White Gypsy/Roma | <input type="checkbox"/> | Black Somali | <input type="checkbox"/> |
| White Albanian | <input type="checkbox"/> | Other Black African Background | <input type="checkbox"/> |
| White Bosnian – Herzegovinia | <input type="checkbox"/> | Any Other Black Background | <input type="checkbox"/> |
| White Croatian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White Kosovan | <input type="checkbox"/> | Afghanistani | <input type="checkbox"/> |
| White Serbian | <input type="checkbox"/> | Arab Other | <input type="checkbox"/> |
| Turkish/Turkish Cypriot | <input type="checkbox"/> | Filipino | <input type="checkbox"/> |
| Any Other White Background | <input type="checkbox"/> | Iranian | <input type="checkbox"/> |
| Mixed/Dual: White and Black Caribbean | <input type="checkbox"/> | Kurdish | <input type="checkbox"/> |
| Mixed/Dual: White and Black African | <input type="checkbox"/> | Any Other Ethnic Group | <input type="checkbox"/> |
| Mixed/Dual: White and Asian | <input type="checkbox"/> | Romany / Gypsy | <input type="checkbox"/> |
| Any Other Mixed Background | <input type="checkbox"/> | Refused | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | | |
| Pakistani | <input type="checkbox"/> | | |
| Bangladeshi | <input type="checkbox"/> | | |

Section B: Predicated/achieved qualifications

| Subject | Most recent data point | Forecast grade | Actual grade |
|--|------------------------|----------------|--------------|
| English | | | |
| English Literature | | | |
| Science | | | |
| Maths | | | |
| RE | | | |
| Option choice 1: INSERT SUBJECT _____ | | | |
| Option choice 1: INSERT SUBJECT _____ | | | |
| Option choice 1: INSERT SUBJECT _____ | | | |

Section C: Preferred subject choices

Use the blocks information sheet enclosed with your application pack to indicate which subjects you would like to study. Only 1 subject can be chosen from each block. In some cases, schools in the local authority that are part of the consortium can be offered if there are subject clashes. Consortium blockings will not be finalised until July 2018.

| | Course Selected | |
|--------------------------|------------------------------|-----------------------------|
| Subject 1 | | |
| Subject 2 | | |
| Subject 3 | | |
| Newnham Programme | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Student Signature | | Date: |
| Parent signature | | Date: |

Section C: Reference

Student Name:

Student tutor group in current school:

Head of Year name:

Head of Year email address:

Please ensure that the reference is completed fully by your Head of Year/House and that the forecast grades are accurate. Once completed please return to reception, Brentford School for Girls, 5 Boston Manor Road, Brentford, Middlesex TW8 0PG as soon as possible. Please note that all references must contain the school stamp.

| | | | | | |
|--------------------------------|-------------------------|------|------|------|---------|
| Wellbeing / Health | Excellent | Good | Fair | Poor | |
| Attitude to school | Excellent | Good | Fair | Poor | |
| Attitude to staff | Excellent | Good | Fair | Poor | |
| Attitude to peers | Excellent | Good | Fair | Poor | |
| Attendance | Excellent (over 96%) | Good | Fair | Poor | State % |
| Punctuality | Excellent (over 96%) | Good | Fair | Poor | State % |
| Attitude to Learning Behaviour | Excellent | Good | Fair | Poor | |
| Meeting deadlines | Excellent | Good | Fair | Poor | |
| Suitability for chosen course | Excellent | Good | Fair | Poor | |
| SEN Needs | | | | | |
| Safeguarding Needs | | | | | |

For any areas marked as fair or poor, please comment below:

For completion

| | |
|---|----------------------|
| UPN Number: (Unique Pupil Number) | |
| ULN Number: (Unique Learner Number) | |
| UCI Number: (Unique Candidate Number) | |
| APS Score of Student | |
| Which school do you attend? | |
| Does your school have a 6 th Form? | |
| Have you applied to any other 6th forms: | Please give details: |
| School Stamp: | Date: |
| Signature: | Position: |

Section C: Results (to be completed by the school)

Student Name: _____

Student tutor group in current school: _____

| Subject | Actual Grade (if exam has already been completed) | Forecast or Mock Grade |
|---------|--|------------------------|
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Head of Year Signature: _____ Date: _____

School stamp: