



EXTERNAL APPLICATION FORM FOR BIDDENHAM SIXTH FORM



Please aim to submit by **31st January**, in order for us to accommodate your provisional choices

Student details		
Surname:		
Forenames:		
Date of Birth:	Gender Identity (please complete):	
Student address:		
Postcode:	Student mobile:	
Current school:		Date admitted:
Do you have a medical condition, disability or statement of Special Educational Needs?		Yes / No
If yes, please give details:		
Are you a 'looked after' child or have previously been a 'looked after' child?		Yes / No
Details of parent or carer with parental responsibility		
Title: Mr / Mrs / Miss / Ms / Dr / Other:		
Forename:	Surname:	
Relationship to child:		
Parent/carer address (if different from above):		
Postcode:		
Home Tel:	Mobile:	
Parent/Carer email:		
Please give details below of any sibling who is/will be attending Biddenham International School:		
Name:	Date of Birth:	School:
Name:	Date of Birth:	School:

Please ensure to submit proof of your qualifications on Enrolment Day otherwise your application might be delayed or not considered.

Qualifications				
Subjects		Level e.g. Higher/Foundation Level 1/Level 2	Predicted Grade	Actual Grade
GCSE English Language				
GCSE English Literature				
GCSE Mathematics				
	Science 1:			
Please specify	Science 2:			
	Science 3:			
Other subjects (please specify):				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Select the Course you wish to apply for by ticking one of the two boxes below:

16-19 Level 3 Course: 16-19 Level 2 Course:

Please enter 4 subject choices **in order of preference** into the boxes below (use the blocking sheet when selecting your choices, ensuring you have not selected more than one subject choice in any column):

1.	
2.	
3.	
4.	
Reserve subject choice:	
Please tick one or both of the enrichment subjects listed below:	
Extended Project Qualification	<input type="checkbox"/>
Level 3 Core Maths Qualification	<input type="checkbox"/>

If you have particular or specific career plans, please give brief details in the box below:

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References:

Later in the school year, we will need to approach your current school for a reference. Please provide the name and contact details of a referee below:

Name:

Job Title (e.g. Head of Year / Head of House / Headteacher):

School address:

Postcode:

Telephone number:

School telephone number:

Email (if known):

Parent/Carer Signature:	Date:
Student Signature:	Date:

The final blocking system will be guided by student applications received before 31st January.

Each year we accept applications from January through to September, however we may not be able to guarantee option choices if your application comes in after the end of January.

We may be unable to run courses if insufficient numbers of students choose particular options. We may need to limit the number of students admitted to particular classes for educational or health and safety reasons. We reserve the right to reorganise the timetable if we feel this will improve the curriculum for a greater number of students.

Please contact the Sixth Form Team with any queries you may have regarding your application. We will be happy to offer you individual help and guidance through the application process.

Telephone: 01234 342521 ● Email: sixthform@biddenham.beds.sch.uk

To reserve your provisional option choices, please complete this form and return it by 31st January to:

Mrs Sarah Baxter
Sixth Form Office
Biddenham International School & Sports College
Biddenham Turn
Bedford
MK40 4AZ