



**SIXTH FORM OPTIONS**

List below the courses you would like to study in St.Wilfrid's Sixth Form

<u>Subject</u>	<u>Level</u>

**TO BE COMPLETED BY APPLICANTS NOT ATTENDING ST.WILFRID'S IN YEAR 11.**

PREVIOUS SCHOOL

SCHOOL ADDRESS & EMAIL CONTACT DETAILS

CONTACT PERSON (HEAD OF YEAR/FORM TUTOR/HEADTEACHER) FOR REFERENCE PURPOSES

**DECLARATION**

**I confirm that the information given in this application is accurate. I understand that acceptance onto courses is subject to interview and fulfilling the entry requirements. I agree to be supportive of the Catholic ethos of the school.**

Student Name ..... In Capitals

..... Signature

Parent/Carer Name ..... In Capitals

..... Signature

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For Office Use Only

**APPLICATION NUMBER** \_\_\_\_\_

Date Received .....

Interview.....

Other Applications .....

Place Offered .....

