

# Application for SIXTH FORM 2024

Please complete and return to: Admissions Officer Sexey's School Cole Road BRUTON Somerset

Tel: 01749 814101

e-mail: admissions@sexeys.somerset.sch.uk

website: www.sexeys.somerset.sch.uk

FOR OFFICE USE ONLY
Rec'd/
Ack'd//
Forename
Surname
DOB/
Male  Female  UK  Overseas  Forces  Boarding  Day  SEN Statement
Present School
Reference Requested
/ Reference Received
Interview Date
Suitable for offer
Suitable for Boarding
Offered
Not offered
No Response
Accepted
Withdrawn

**BA10 0DF** 

### PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM

Please ensure you have read the school prospectus before completing this form. This is available on the school's website – <a href="https://www.sexeys.somerset.sch.uk">www.sexeys.somerset.sch.uk</a>.

## **Boarding Application**

Admission is limited to students who are nationals of the UK and are eligible to hold a full British passport, or those who have the right of residency in the UK.

### Please include a copy of your son/daughter's passport with your application.

Please complete pages 3-5 as fully as possible or the form will be returned to you.

### **Day Application**

Please complete pages 3-4 as fully as possible or the form will be returned to you.

### **Day/Boarding Application**

A reference will be requested from the student's current school and offers will be made subject to the receipt of a suitable reference.

All information will remain completely confidential.

This form can be made available in large type upon request.

Student's Surname										
Forenames										
Preferred forename										
Date of Birth	DD	MM	YY	Male			Fen	nale		
Nationality. Does the pupil have pre settled / settled status or a BNO visa? Student's Home Address	Please prov Yes / No / r If Yes pleas	n/a								
(This <u>Must</u> be the student's main residence where correspondence will be sent)										
				D4					<u> </u>	
				Posto	code					
Full name & Title of Parent(s) with parental responsibility	Father	Mr/Dr						l		
/Carers	Mother	Miss/Mrs/	Ms/Dr							
Name & Address of Parent/Carer if different from	-									
student				Posto	code					
Relationship to Student										
Daytime Contact Numbers	Father/Carer				Mother /Carer					
E-mail Address:	Father/Carer				Mother /Carer					
Please indicate whether this application is for a day student or a boarding student – <b>if boarding, please complete the final</b> page of this application form										
DAY	FULL TIME BOARDING			PART TIME BOARDING						
				-	MON & TUES			WEDS & THURS		
Are either parent a member of the Armed Forces						YES/N	Ю			
In which Local Authority Area is the student resident? (UK applicants only)					in the ca		ocal		YES/N	IO
Current School										
Headteacher										
Address										
			Doctor	, d a						
Tel:			Postco	ue						
E-mail Address:										
	Does this school have a Sixth Form? YES/NO									
Please provide UPN (Unique	Pupil Number	)								
Previous schools attended										
Name				Da	ate atten	ded				
Name				Da	ate atten	ded				

Subject / Courses curren	Pr	Predicted Grades					
Does the student have any siblings attending Sexey's School who will be on roll if your application is							
successful? Full Name				Year			
Full Name				_	Year		
T dil 14dillo				10	ui		
Subject choices : Please lis	st A level subje	ects being cons	sidered				
1.	2.		3.		Reserve		
Has the student ever been suspended or excluded from a previous school, if so how many times and for what reason?  Yes / No, if Yes please provide details							
Have any safeguarding concerns ever been raised about the student at any stage?  Any information provided will not be used to assess suitability to board.  Details:							
Does the student have an identified SEN?  If yes - does the student have an EHCP (please attach a copy and, if possible, the most recent Annual Review to this application)  What support does the student currently receive?  Does the student have Exam Access Arrangements in place?							
Is there any Court Order regarding custody, access	YES/NO	If yes, please	e supply further details:				
How did you hear about Se	exey's?						
Letter student a Verran Const							
Is the student a Young Car	er?	Yes/No					
Do you want to book a place on the 6 <sup>th</sup> Form mini bus (from Frome or Yeovil)							
Signed:	Printed Nam	e:	Relationship to applica	nt	Date		
Signed:	Printed Name:		Relationship to applica	nt	Date		

NB: Except in the case of a single parent who has parental responsibility of the child, this Registration Form must be signed by both parents

# TO BE COMPLETED BY BOARDING APPLICANTS ONLY

Why do you wish the student to attend boarding school? Please provide information that will assist in determining their boarding need.	
Why have you selected Sexey's School?	
Doos the student know any students at	
Does the student know any students at Sexey's School?	
How did you learn about the boarding facilities at Sexey's School?	
Please give details of any previous experience of boarding/living away from home.	
Please provide any details which you feel	Details:
would be helpful in informing us about the student, particularly information that will assist us in assessing their suitability to board or boarding need.	Details.
Have there been any concerns over:	If <b>Yes</b> , please provide further details:
Victim of bullying	Yes / No
Bulling others	Yes / No
Smoking related issue	Yes / No
Vaping related issue	Yes / No
Drug / Alcohol related issue  Mental Health concerns	Yes / No Yes / No
Self harm concerns	Yes / No
Eating disorder	Yes / No
Weapons being carried	Yes / No
Are there any areas where you feel Sexey's could particularly help or support the student (e.g. medical needs, personal development)	
Any other details you wish to include.	
Who will be responsible for paying fees? (Please indicate if claiming fees from an employer or other organisation).	