

Admission to Year 12: Application Form 2019/20

Please complete ALL details and return to Mrs S Cameron, Cockermouth School, Castlegate Drive, Cockermouth CA13 9HF (camerons@cockermouthschool.org), by Wednesday 6 March 2019.

Surname:		Forename(s):	
Date of Birth:		Present School:	
Home Address: (incl postcode)			
Home Tel No:		Email:	

Please enter the names of ALL parents or carers below regardless of home circumstances:

Parent Name:			
Relationship to Student:			
Address:			
Parent Name:			
Relationship to Student:			
Address (if different):			
With whom do you normally live?	Both Parents / Mother / Father / Foster Carer / Other:		
How long have you lived at this address?			
<i>It is important that you give the correct address; this must be where you normally live. If a change of address occurs after completing this form, you must notify the school as soon as possible.</i>			
Do you have an Education Health Care Plan?	YES / NO		
Are you currently undergoing a statutory assessment of Special Educational Needs?	YES / NO		
Are you in the care of a Local Authority?	YES / NO		
If yes, please state which Local Authority?			

To be completed by Cockermouth School

Date application received:		Staff initial:	
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Please enter the GCSEs and other subjects you are studying in Year 11 and list your expected grades. In the column headed 'Type', please indicate whether the course is short (S) or full (F) or double (D):

GCSE			BTEC/OCR etc		
Type	Subject	Expected Grade	Type	Subject	Expected Grade

Please list below the subjects that you would like to study in Year 12:

Please give details of any siblings who will be attending Cockermouth School in September 2019:

Name of brother or sister	Date of Birth

Do you have a sibling attending Cockermouth School who was directed to the school by the Local Authority in the absence of a place at your catchment school, or in their Education Health Care Plan, and who will be attending in September 2019?

YES / NO

Student's signature:

Date:

PARENTAL DECLARATION:

I confirm that I have parental responsibility for this child and that the information given is correct. I understand that, where false information is provided, any school place offered may be withdrawn.

Full name of parent signing the form
(please print)

Parent's Signature:

Date:

This form must be returned to Mrs Cameron at Cockermouth School no later than Wednesday 6 March 2019

a s p i r e · e n j o y · i n c l u d e · r e s p e c t · c o m m u n i t y

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