

# Sixth Form Application Form (External Applications)

### Please complete this form if applying from a school other than Imberhorne

Student Personal De	tails				
Surname		Forename			
Date of Birth Address	Gender	from your p	chool s us to request your Edu previous school. This give ducational progress to a d your needs.	We collect this data to enable us to identify students and because the law says we have to.	
Student Mobile  Preferred Contact Email	Home Tele		This data enables us to communicate with you about your application. Only complete fields that you are happy for us to store and process.		
Contact Details  Please give details of ALL Pleand anyone else you wish to	be contacted in ar	n emergency.		G	
Priority 1: Title and Full Name:  Home Address:	Relationship  ome Telephone:		Parental Responsibility?  YES / NO  Telephone Number:	Correspondence:	Correspondence: We will always send a copy of any e-mail or postal correspondence to the Priority 1 contact. Tick this box for any other contacts
N N	Nobile Number:	Prefei	rred E-Mail:	that you would like to receive copies of correspondence. For those with parental responsibility but no e-mail address, we will post.	
Priority 2: Title and Full Name:	Relationship	to student:	Parental Responsibility?  YES / NO	Correspondence:	This data enables us to communicate with Parents & Carers about their children and school life, as well as to contact
Home Address:  H	Work Telephone Number:  Preferred E-Mail:			them in an emergency. Only complete fields that you are happy for us to store and process. Please ensure you have checked with any person whose details you enter on this form that they agree to you providing their information.	
I consent to any emergency course of a school visit (eg.  Medical Practice (Surgery):	medical treatment nec anaesthetic, blood tra	cessary during th nsfusion)  Dietary Needs:	e		We use this data to help care for students in the case of a medical emergency. It's optional, but failing to provide it may delay medical treatment should it become necessary.
Medical information (including any allergion	95]:	Disabilities:			We use this to cater for the needs of your student and ensure they receive education that is appropriate for them.



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### **GCSE Subjects**

Please indicate your target, current and mock grade (if taken), for each of your GCSE Courses. If you have already taken your GCSEs then please just complete the 'current' box.

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Subject	Staff use only	Target	Current	Mock	Subject		Staff use only	Target	Current	Mock
	1						1			
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<b>Provisional Courses</b>	at Im	berho	rne							
Please list your subject choices	s, as des	scribed i	n our 'Co	urse Guid	de', in order of pr	iority:				
Subject (to be completed by applicant in or	der of priority	)	Level	Office use	only - Confirmed choices					
If you are applying to	1.									
other institutions	2.									
please list them here:	3.									
	J.									
How likely do you feel		4			3	2			1	
that you will be studying										
at Imberhorne Sixth Form		CERTA	dN						UNLIKEL	Υ
<b>Statutory Information</b>	Ī							We c	ollect this in	formation
Ethnicity: please tick								becau	use the Dep ducation as	artment
White—British	☐ White and Black African ☐ Any other Asian background					Н	Apart from helping those that don't speak English, we don't use it to treat any individuals in a different			
White—Irish	White and Asian Black Caribbean									
Traveller of Irish heritage  Any other white background		_∣ Any oth □ Indian	er mixed ba	ackground	☐ Black— ☐ Anv oth	African er Black backgroun	d	mann	er to anyon times we'll	e else—
Gypsy / Roma		_ ] Pakista			Chinese	•		it to n	nake sure w OfE use it to	e don't.
White and Black Caribbean		Banglad	iesni		Ketused	d to answer		educa	ation patterr s across the	ns and
First Language:	Но	me Langua	ae:					to en	sure that the	9
99							are being catered for.			
								any o	prefer not to f these piece	es of
Pupil Country of Birth:			Pu	oil Nationalit	y:			"Refu	nation please used" in the	e write
								releva	ant box.	

Do you have a sibling / siblings attending the school?



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Looked	After Young People							
Sti de by	We ask for this							
Sto the (i.e Tick res	information because it enables us to claim "Pupil Premium" funding for students that are entitled to it.							
If either of th	ne above apply, the Local Authority responsible is/was:							
Signed		Date		Student				
Signed		Date		Parent/Guar	rdian			
<ol> <li>Please check that you have completed all sections of this form.</li> <li>Please return this completed form to:         Sixth Form Reception, Imberhorne School, Imberhorne Lane, RH19 1QY or complete the electronic version which can be found on our website.     </li> </ol>								
	write a brief paragraph below with details about your fut know at this stage.	ure plan	s, reasons for apply	ring to us and ar	nything else that we			

We promise to ensure that this personal information is processed fairly, is correct, is stored safely, and is kept for no longer than needed. In most cases student data will be kept until the student reaches 25 years old. We might share this with other agencies or external service providers, full details can be seen in our full Privacy Notice at www.imberhorne.co.uk/data-protection

**CONFIDENTIAL** 

Updated 10th October 2025