

A MOORLANDS LEARNING TRUST SCHOOL

POST-16 APPLICATION FORM – September 2020 Entry New Starters to IGS

PERSONAL DETAILS

| Legal First Name: | Legal Surname: |
|------------------------|--|
| Preferred First Name: | Gender: (please tick \checkmark)MaleFemalePrefer not to say |
| House No/House Name: | Street: |
| Town: | Postcode: |
| Home telephone number: | Student mobile telephone number: |
| Student email address: | Date of Birth: |

SCHOOL DETAILS

Name of School where you completed your GCSE Exams:

Ilkley Grammar School □ (tick ✓ if relevant)

Other (please state full school name):



Headteacher Helen Williams Cowpasture Road Ilkley West Yorkshire LS29 8TR t: 01943 608424 f: 01943 601285 e: <u>admin@ilkleygs.co.uk</u>



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| I would like to be | considered to study the following subjects: |
|------------------------|---|
| A Level I | |
| A Level 2 | |
| A Level 3 | |
| AS Level OR | |
| Enrichment | |
| | (please refer to website for details of enrichment options) |
| Why do you want | to join Ilkley Grammar School Sixth Form? |
| | |
| | |
| | |
| Is likley Grammar | School Sixth Form your first choice? |
| | |
| What are your ca | reer plans for the future? |
| | |
| | |
| What are your pe | |
| Please also detail | any leadership experience you have? |
| | |
| | |
| What are your int | erests? e.g. sport, hobbies, voluntary work |
| | |
| | |
| Do you require sp | ecial exam consideration/arrangements? |
| | |
| Would you like to | express a <u>firm interest</u> in minibus transport from Skipton or |
| Grassington? | |
| If yes please indicate | Skipton or Grassington as your preferred pickup location |
| | |



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FOR EXTERNAL APPLICATIONS ONLY

REFEREE DETAILS

| Name of Referee: | Job Title: | | | |
|--|-----------------------------|--|--|--|
| Contact Address Line 1: | Address Line 2: | | | |
| Address Line 3: | Address Line 4: | | | |
| Email Address of Referee: | Telephone No of Referee: | | | |
| PARENT/CARER CONTACT DETAILS | | | | |
| Main primary contact with parental responsibility: | | | | |
| Title: Mr / Mrs / Ms / Dr / Other: | | | | |
| Forename: | Surname: | | | |
| Relationship to student: | | | | |
| Mother Father \Box Other \Box (<i>please state</i>): | | | | |
| Parent/Carer email: | Emergency contact number/s: | | | |

Home address (if different to student):

FOR OFFICE USE ONLY

| Please tick √ | | |
|----------------------|------------------|--|
| Passport seen: | D.O.B. verified: | |
| Legal name verified: | Notes: | |

Thank you for applying to join Ilkley Grammar School Sixth Form Good luck Mr J. A. Gutch, Director of Post-16

Please email your completed form to post16@ilkleygs.co.uk :

CLOSING DATE FOR APPLICATION IS: Friday 14th February 2020



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