

## PERSONAL DETAILS

**Surname**

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**First Names**

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**Date of Birth**

/  /

**Age at 01/09/24**

**Gender**

☐ Female

☐ Male

**Address**

House Number,  
Street and Town

**Nationality**

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**Student mobile**

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**Postcode**

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**Parent/Carer mobile**

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**Email Address**

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**Name of  
Parent/Carer**

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**Current School**

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## SUBJECTS/COURSES BEING STUDIED

| Subject/Course | Examination (e.g.<br>GCSE, BTEC, none) | Completion Date<br>(e.g. Summer 2024) | Estimated<br>Grade | Actual Grade |
|----------------|----------------------------------------|---------------------------------------|--------------------|--------------|
|                |                                        |                                       |                    |              |
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## PROGRAMME OF STUDY

### Core Programme

Tutorial

☒

Enrichment Activities

☒

### Subject Choice

Choose **THREE** subjects from this list.

If you choose *Physics* and *Maths*, you need to choose *one* other subject.

Please indicate your preference by putting **1, 2,** or **3** in the boxes.

|                    |                      |
|--------------------|----------------------|
| Art and Design     | <input type="text"/> |
| Biology            | <input type="text"/> |
| Business           | <input type="text"/> |
| Chemistry          | <input type="text"/> |
| Criminology        | <input type="text"/> |
| Dance              | <input type="text"/> |
| Drama and Theatre  | <input type="text"/> |
| Economics          | <input type="text"/> |
| English Language   | <input type="text"/> |
| English Literature | <input type="text"/> |
| French             | <input type="text"/> |
| Geography          | <input type="text"/> |
| History            | <input type="text"/> |

|                          |                      |
|--------------------------|----------------------|
| IT                       | <input type="text"/> |
| Law                      | <input type="text"/> |
| Maths                    | <input type="text"/> |
| Media Studies            | <input type="text"/> |
| Music                    | <input type="text"/> |
| PE                       | <input type="text"/> |
| Photography              | <input type="text"/> |
| Physics (requires Maths) | <input type="text"/> |
| Politics                 | <input type="text"/> |
| Psychology               | <input type="text"/> |
| R.E. Philosophy          | <input type="text"/> |
| Sociology                | <input type="text"/> |
| Spanish                  | <input type="text"/> |

## ADDITIONAL INFORMATION

Do you have an Education and Healthcare Plan?

☐ YES

☐ NO

Are you looked after by the local authority?

☐ YES

☐ NO

Do you have a brother or sister at Waltham Toll Bar Academy?

☐ YES

☐ NO

If YES, please give their name: .....

Do you have a parent/carer who is employed at Waltham Toll Bar Academy?

☐ YES

☐ NO

If YES, please give their name: .....

## SIGNATURE

Signed

.....

Date

|                      |   |                      |   |                      |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
|----------------------|---|----------------------|---|----------------------|

**RETURN THIS FORM** by email to [enquiries@tollbaracademy.co.uk](mailto:enquiries@tollbaracademy.co.uk), or send to  
Toll Bar Sixth Form, Station Road, New Waltham, DN36 4RZ.