

## **STUDENT REFERENCE FORM - SIXTH FORM ENTRY**

## To be completed by current school

Name	Date of Birth
Current School	

## **EXAMINATIONS AND QUALIFICATIONS**

Please list below all examinations already taken and details of examinations to be taken in 2024.

Subject	Date of examination	Board	Level (GCSE/BTEC)	Grade (Actual or Projected)



## Please tick the appropriate boxes below and comment if necessary. Thank you.

	% if known	V Good	Good	Fair	Poor	Comments
Attendance						
Punctuality						
Conduct						
Application						

	Yes/No?	If yes please provide details:
Does the applicant have an EHC Plan or are they applying for one?		
Are there any aspects of the applicant's health, which you feel, should be brought to our attention?		
Is the applicant a Looked After Child?		
Do you need to discuss any matters in confidence with the College?		

Please provide any additional information which you feel may be helpful in considering this application.

Name of Referee:	J	Job Title:	

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Email address: \_\_\_\_\_

*Please forward the reference to the address below:* Sixth Form Admissions **St Ambrose College** Hale Barns Altrincham, WA15 OHE Tel: 0161 980 2711 E-mail: admissions@st-ambrosecollege.org.uk