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 2027.

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

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?		
Is the student in receipt of Pupil Premium?		

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

Name of Referee: _____ Job Title: _____

Signature _____ Date _____

Email address: _____

Please forward the reference to the email address below:

Sixth Form Admissions, St Ambrose College
E-mail: admissions@st-ambrosecollege.org.uk