

SIXTH FORM ENROLMENT FORM 2024-26

Email Address

Date of Birth

Name

Address

	Telephone Number	
	Current School	
Please give details of the courses you are currently stud	 Hying at your school in the	space below:
List option and other core subjects in blank spaces	Target Grade	Estimated Grade
English Maths Science(s)		
COURSE 1 2 3 4 (only in exceptional circumstances)		
5 Reserve		
aking your choices		
 Please write your choice of courses in in order of p Most students should choose 3 subjects which the (or equivalent). In exceptional circumstances, stu Please see the prospectus for further guidance or In case one of your choices becomes unavailable 	y will study until the end of dents can choose a 4 th su discuss with a member of	bject to study to A' leve staff for individual advic
gnature of applicant:	•	Date:
anature of parent/carer		Date:

YOU MATTER TO US

Please return your completed enrolment form to the school's main reception or post FAO Mrs Prydden, Sixth Form Enrolment, Queen's Park High School Sixth Form, Queens Park Road, Chester CH4 7AE

Alternatively, please scan & email this form to: 6thform@aphs.co.uk