



# External Application Form 2019-20

## Student Information

Surname	First Name (s)
Known as / preferred name	
Address	Gender: Female / Male
	Date of birth
Postcode	Ethnic origin
Email address	Home language
Passport number	Residency Status
Telephone number (home)	Mobile number
Health / Medical needs:	
<b>Religion/Denomination:</b> (e.g. Roman Catholic)	

## Student Academic Information

Name & address of your secondary school	Tel. number
	UCI number
	ULN (this must be provided)
	UPN (this must be provided)

## Qualifications

Subject	Level (e.g. GCSE)	Expected grade	Actual grade	Subject	Level (e.g. GCSE)	Expected grade	Actual grade

**Courses that students wish to take at St Michael's College**

Course – Art & Design A level

Course – Biology A level

Course – Business A level

Course – Chemistry A level

Course – Computer Science A Level

Course – Drama and Theatre Studies A level

Course – Economics A Level

Course – English Language A level

Course – English Literature A level

Course – French A level

Course – Further Mathematics A Level

Course – Geography A level

Course – History A level

Course – Law A level

Course – Mathematics A level

Course – Media Studies A level

Course – Physics A level

Course – Politics A Level

Course – Psychology A level

Course – Product Design A level

Course – Religious Education A level

Course – Spanish A level

Course – Design Technology – Fashion and Textiles A level

Course – Technical Diploma in Business A level

Course – Technical Diploma in ICT A level

Course – Technical Diploma In Sport and Physical Activity A level

Of the above, which are your top 3 choices for the A level Pathway or your first choice for the Technical Pathway?

1.

2.

3.

*Why do you want to attend St Michael's Catholic College?*

*How did you hear about St Michael's Catholic College (e.g. from a friend, family members, media [please specify], Google search, website etc.?)*

*How would you travel to St Michael's Catholic College (walk, bus, tube etc.)?*

### **Additional Contact information**

#### **Contact Information**

Please indicate who you live with:

Mother & Father	Mother only	Father only	Father & Step Mother
Mother & Step Father	Other (please specify)		

#### **First Priority Contact Information**

Surname		Forename	
Relationship to student		Title	Male / Female
Does the person named above have parental responsibility for the Student?	Address		
	Postcode		
Home telephone	Work telephone	Mobile 1	
Mobile 2	Email		

#### **Secondary Priority Contact Information**

Surname		Forename	
Relationship to student		Title	Male / Female
Does the person named above have parental responsibility for the student?	Address		
	Postcode		
Home telephone	Work telephone	Mobile 1	
Mobile 2	Email		



**St Michael's**  
Catholic College

St Michael's Catholic College  
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[www.stmichaelscollege.org.uk](http://www.stmichaelscollege.org.uk)



## Reference

**This section needs to be completed by your Head of Year or Form Tutor**

What course level would best suit the student (please circle)

Level 1

Level 2  
(e.g. GCSE / BTEC First)

Level 3

(e.g. A Level / BTEC Nat)

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below average</b>
Attendance				
Punctuality				
Attitude to work				
Behaviour				

If the student receives any form of additional support, please give details below

Does the student have any form of medical condition we should be aware of?

Has the student ever been suspended or excluded from school? If yes please give details

## Your details

Name

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Job title

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Contact details

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Signature

Date

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**School stamp**