

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Registration Fee:
 Time/Date of Interview: _____
 Interviewer: _____
 Scholarships: _____
 Reference Received:

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)

For entry to Immanuel College Sixth Form, year group: _____ in Month: _____ Year: _____

Details of Candidate

(Please state any other legal name by which your child has been known)

1. Surname:	First name(s) in full:		
Middle name(s):	Preferred forename:		
Prospective pupil's position in family (e.g. 1/3, 2/4):	Gender:	D.O.B:	/ /

2. Full postal address (for correspondence):	Current school:
	Address of current school:
Town:	
Postcode:	Postcode:
Home telephone no:	Date of admission:

3. Other schools applied for:

4. Child's first language:	Languages spoken at home (in addition to English):
----------------------------	--

Details of Sibling(s)

5. Sibling name:	D.O.B: / /	Sibling name:	D.O.B: / /
Current school:	Year group:	Current school:	Year group:
Please provide details of additional sibling(s) on an extra piece of paper.			

Details of Parent(s)

6. Mother's name in full:	Title:	Email address:
Occupation:	Company:	Position:
Please indicate whether you would be willing to provide career advice or guidance to our pupils:		YES / NO
Daytime telephone no:	Mobile no:	
Address (if different from child):		

7. Father's name in full:	Title:	Email address:
Occupation:	Company:	Position:
Please indicate whether you would be willing to provide career advice or guidance to our pupils:		YES / NO
Daytime telephone no:	Mobile no:	
Address (if different from child):		

8. Parents' marital status: Divorced Married Separated

(If divorced please give details of custody of child)

9. Does your family have any connection with Immanuel College?

10. Immanuel Jakobovits Sixth Form School Scholarships (please tick as appropriate):

- I would like my son/daughter to be considered for an Academic Scholarship
- I would like my son/daughter to be considered for an Art Exhibition

11a. Does your child have any Special Educational Needs or Disabilities and / or any Social, Emotional or Mental Health difficulties that would affect the entrance examination and / or that we can help to support?

(Evidence from a medical practitioner, Educational Psychologist or SENDCo / school would need to accompany any request for exams access arrangements)

11b. Has your child ever been on their school's Special Educational Needs and Disabilities Register? YES / NO

11c. Are there any JCQ approved exam access arrangements in place for your child? YES / NO
(A hand signed Form 8 will be needed where appropriate).

11d. Has your child received additional academic support whilst at their current school? YES / NO

Please provide details for Question 11 below:

12. How did you hear about Immanuel College:

- | | |
|--|--|
| <input type="checkbox"/> Friends/Family | <input type="checkbox"/> School website |
| <input type="checkbox"/> Internet Search/Social Media | <input type="checkbox"/> Advertisement in newspaper/magazine |
| <input type="checkbox"/> Year 12 Transition Evening or event | <input type="checkbox"/> Other (please give details below) |

I/We apply for the admission of my/our daughter/son to The College and will abide by all the regulations from time to time brought into force by the Governors of the College. I/We declare that the foregoing information is true and correct in every detail.

Admission to Immanuel College is governed by the Admissions Policy of the College, further details of which are available on our website, www.immanuelcollege.co.uk.

Candidates will be required to attend an assessment and an interview. A reference will be sought from the Head of the candidate's present school.

I/We have read and accept the College's Terms and Conditions (above) and the Immanuel College Privacy Policy. I/We have enclosed the £200 non-refundable registration fee together with all other appropriate documentation. I/We have read the Application Form and understand that the information requested is necessary for the legitimate business interests of the College. I/We consent to the collection, processing storage of my/our personal data pursuant to the General Data Protection Regulations and any other data protection regulations made.

Signed (Mother):

Date:

Signed (Father):

Date:

Signed (Prospective Student, if aged 13 years or over):

Date:

Checklist of required documents to be sent to Immanuel College:

- | | |
|---|--|
| 1. <input type="checkbox"/> Registration fee cheque for £200 made payable to 'Immanuel College' | 5. <input type="checkbox"/> Most recent school report |
| 2. <input type="checkbox"/> Certificate of Religious Practice | 6. <input type="checkbox"/> Any specialist reports |
| 3. <input type="checkbox"/> Copy of birth certificate | 7. <input type="checkbox"/> Copy of passport cover and photograph page |
| 4. <input type="checkbox"/> Two passport-sized photographs | 8. <input type="checkbox"/> Copy of Visa for UK, if any. |



The Charles Kalms - Henry Ronson
Immanuel College

Academic Excellence HMC
Expert Pastoral Care
Inspiring Jewish Education



Registered address:
Immanuel College
Elstree Road
Bushey, Herts, WD23 4ED

Telephone: **020 8955 8938**
Email: admissions@immanuel.herts.sch.uk
Website: www.immanuelcollege.co.uk
www.facebook.com/ImmanuelCollegeUK

GCSE Examinations to be taken:

Date	Subject	Examining Board	Grade if known

Proposed A level subjects:
Please consult list of subjects currently offered by Immanuel College before filling in this section (as indicated in the Sixth Form Information Booklet).

- 1.
- 2.
- 3.

Please indicate a possible alternative subject: _____

Personal Statement

13. Please write a short Personal Statement on why you want to study at Immanuel College (300 words maximum):

Do continue on an extra sheet if you wish.

