ABBEY COLLEGE MANCHESTER

APPLICATION FORM

Please complete this form as fully and accurately as possible as information will be used for examination entrance.

Please check our website for terms and conditions.

Return your completed application form to admin@abbeymanchester.co.uk

Photograph to be provided when student arrives at the college

SECTION 1 - Student Details

Title Mr ◯ Mrs ◯ Miss ◯ Other ◯

Family Name

First Name

Gender

Date of Birth (dd/mm/yy)

Telephone Mobile

Student email address

Home Address

City Postcode

Country

SECTION 2 - Parents

Parent 1

Title Mr ◯ Mrs ◯ Miss ◯ Other ◯

Family Name

First Name

Relationship to Student

Telephone Mobile

Email Address

Contact Address (if different from above)

City Postcode

Country

To receive reports, absence alerts and exam results

Yes ◯ No ◯

Parent 2

Title Mr ◯ Mrs ◯ Miss ◯ Other ◯

Family Name

First Name

Relationship to Student

Telephone Mobile

Email Address

Contact Address (if different from above)

City Postcode

Country

To receive reports, absence alerts and exam results

Yes ◯ No ◯

SECTION 3 - Emergency contact

Please provide details of the person to be contacted in an emergency if we are unable to contact parents or legal guardian

Title Mr ◯ Mrs ◯ Miss ◯ Other ◯

Family Name

First Name

Relationship to Student

Telephone Mobile

Email address

Contact Address

City Postcode

Country

SECTION 4 - Course selection

GCSE Programme

September (1 year) ◯

A-Levels

September (2 years) ◯ *September (1 year) ◯

* Only applicable if students have done A-Levels before or wish to re-sit a subject

SECTION 5 - Education history

Previous school

Address

City Postcode

Country

Date of study (dd/mm/yy) to

Date you received (or will receive) your certificate (dd/mm/yy)

Please include your 13 digit UCI number

SECTION 6 - Medical and support needs

Do you have a medical condition eg. Chronic conditions, allergies, asthma, diabetes? Yes ◯ No ◯

Do you have a disability? Yes ◯ No ◯

Do you have any special educational needs? Yes ◯ No ◯

Have you been convicted of a criminal offence? Yes ◯ No ◯

Would you like to board with us? Yes ◯ No ◯

If you have answered Yes to any of the above, please provide details below or attach supporting evidence

Preferred Doctor

Address

Phone Number

SECTION 7 - Application checklist and declaration

We require the following section to be completed in order to process your application

Check that you have completed all sections of the application form ☐

Student

Signed

Date (dd/mm/yy)

Parent 1

Signed

Date (dd/mm/yy)

Parent 2

Signed

Date (dd/mm/yy)