## MERCHANT TAYLORS' SCHOOLS

Sixth Form Registration



aged 4 to 18 years

With a consistent 100% pass rate at A Level and over two thirds of all grades at A\* to B, our academic reputation is the best in the area

The Merchant Taylors' Schools, Crosby: a company limited by Guarantee.
Registered in England: Company Number 6654276. Registered Office: Liverpool Road, Crosby, Liverpool L23 OQP.
Registered Charity Number: 1125485.

Merchant Taylors' Schools

Every box should be completed in BLOCK CAPITALS and insert  ${\bf N/A}$  in any box which is not applicable. Incomplete forms may delay the admissions process.

## **Registration Form**

(Please tick appropriate box)

	Sixth Form		Senior Girls Senior Boys			
CANDIDATE INFORMA	ATION					
Surname:		Date of Birth:				
First Name[s]:		Mobile Number:				
Preferred First Name:		Email Address:				
PARENT 1 INFORMATI	ON	PARENT 2 INFORMATION (WHERE APPLICABLE)				
Relationship:		Relationship:				
Surname:		Surname:				
First Name[s]:		First Name[s]:				
Title [Mr/Mrs/Miss etc]:		Title [Mr/Mrs/Miss etc]	:			
Full home address:		Full home address:				
		(if different from Parent 1)	)			
Postcode:		Postcode:				
Does the candidate live at this home address?		Does the candidate live at this home address?				
	Yes No		Yes No			
Telephone Numbers:	Home:	Telephone Numbers:	Home:			
	Work:		Work:			
	Mobile:		Mobile:			
Email Address:		Email Address:				
Occupation:		Occupation:				
Employer:		Employer:				
EDUCATION	Please provide details of schools/college	es attended since Year 10	)			
School/college:		Date attended:	From To			
School/college:		Date attended:	From To			
School/college:		Date attended:	From To			
ARE YOU APPLYING FO	OR MEANS TESTED FINANCIAL SUPPO	ORT?	No Yes			

QUALIFICATIONS	Please list all qualific	cations achieved (add	l any additional onto a s	separate sheet and enclose within this).			
Subject		Type of course GCSE/BTEC Level 2	2/3, AS/A2 Levels)	Grade Predicted	Actual Grade	Year taken/ To be taken	
SUBJECTS YOU WISH TO STUDY AT MTS SIXTH FORM?			DETAILS OF ACHIEVE	MENTS, RES	PONSIBILITY	INTERESTS	
Subject			Enclose any additional	information v	vithin this forr	n.	
DETAILS OF ANY CAI	REER PLANS						
WHAT IS THE MAIN I	ANGUAGE SPOKEN	AT HOME?	adjustments to avoid of difficulties and/or disa	disadvantagin		th learning	
OPEN EVENING & O	PEN MORNING EVE	NTS?					
Have you attended an	Open Evening/Mornin	ng at the school?					
	No Yes	;					
DATA PROTECTION 8	& DECLARATION						
obtain from us or other	er people. I/We agree t	o the possession of s	a contained in this form such data for any purpos indeed for any other leg	ses connected	I with my/our		
	and apply to all my/ou	r dealings with the S	chools will undergo reas chools. I/We support th should sign below.				
Parent 1 Signature:			Parent 2 Signature:				

Date:

Date:

