



MORNING GLORY INTERNATIONAL SCHOOL  
**6<sup>TH</sup> FORM COLLEGE**  
APPLICATION FORM 2015/2016

**SECTION 1 – PERSONAL DETAILS**

<hr/> <hr/> Last Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
<hr/> <hr/> First & other names:		Date of Birth:	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
<hr/> <hr/> Home Address:		Nationality: <input type="text"/>			
<hr/> <hr/> Student's Valid Email:		Age at 31 <sup>st</sup> August 2015: <input type="text"/>			
<hr/> <hr/> Student's Reliable Phone/mobile No.:		Last School attended:			
<hr/> <hr/> Name of Parent/Guardian:		<input type="text"/>			
<hr/> <hr/> Postal Address:		<input type="text"/>			
<hr/> <hr/> Parents' Reliable Mobile Nos.:		<input type="text"/>			
<hr/> <hr/> Parent/Guardian Telephone No.:		<input type="text"/>			
<hr/> <hr/> Father's Email address:		Date from:	<input type="text"/>		
<hr/> <hr/> Mother's Email address:		Date to:	<input type="text"/>		

**SECTION 2: COURSE / PROGRAMME DETAILS (A-Levels: Maximum of 5 subjects)**

**State full subject title and level**

1	4
2	5
3	6

Please tick here if you are not sure which courses you want to study

**SECTION 3: SKILLS FOR LIFE**

What language(s) do you speak at home?

SECTION 4: SCHOOL DETAILS / CAREER INTERESTS

Name of present or last school attended:

Career aims and long-term goals:

Hobbies, Skills, Interests , Clubs and Positions:

Details of Work Experience, if any:

Use this space to tell us why you want to study at MGIS 6<sup>th</sup> Form College

How did you first learn about Morning Glory 6<sup>th</sup> Form College?

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Already a student | <input type="checkbox"/> friend / family    | <input type="checkbox"/>        |
| <input type="checkbox"/> website           | <input type="checkbox"/>                    | <input type="checkbox"/>        |
| <input type="checkbox"/> School            | <input type="checkbox"/> Open day / evening | <input type="checkbox"/> Career |
| <input type="checkbox"/> adviser           | <input type="checkbox"/>                    | <input type="checkbox"/>        |

Faculty

SECTION 5: RESULTS & UNIVERSITY CHOICES

(Please provide details of exam results)

State exam body e.g.: Cambridge, Edexcel

Subject	Examination Body	Grade

Universities (In order of Preference)

University	Program of Interest

SECTION 6: DECLARATION

I CERTIFY THAT THE DETAILS GIVEN IN THIS APPLICATION AND ALL RELATED DOCUMENTS ARE CORRECT

NAME: \_\_\_\_\_

SIGNATURE:

DATE: \_\_\_\_\_