



(Fill in clearly in Black Ink)

### Personal Details

Surname .....	Mobile No .....
First Names .....	Email .....
Date of Birth .....	Name of Parent/Guardian .....
Female/Male .....	(Address or telephone number of parent if different from above)
Address .....	.....
.....	.....
.....	.....
Post Code .....	Email Address of Parent .....
Home Telephone No .....	Mobile Telephone No of Parent .....

### Predicted Grades

English .....	Technology .....	Option 1 .....
Maths .....	ICT .....	Option 2 .....
Science .....	Citizenship .....	Option 3 .....

### Present School Details (if not at Wednesfield High)

Present School and Address .....

.....

### Individual Needs

Do you have a disability, medical condition, learning difficulty or learning needs which we need to be aware of in order to provide appropriate support? Please give details .....

.....

.....

Do you have a medical condition which significantly affects daily life? Please give details .....

.....

.....

### Choice of Courses

Please indicate which subject you wish to study in each block. Indicate your second preference for each block. (Refer to the curriculum option block in the prospectus)

Block A	Block B	Block C	Block D
1st Preference:	1st Preference:	1st Preference:	1st Preference:
2nd Preference:	2nd Preference:	2nd Preference:	2nd Preference: