





Pathway selection

Please indicate which Pathway you are applying for (please tick one box only)

Creative Arts	Art and Design	Ма	rketing
Digital Arts	Broadcast	Gar	nes Development and New Media
Performing Arts	Dance Music Acting	_	sical Theatre sic Technology
Personal Details			
Legal Surname:			
Legal Forename:			
Date of Birth:	Male: 🗌	Female: 🗌	
Address:			
Postcode:			
Home telephone number:			
Mobile telephone number:			
Email Address:			
The local authority to which u	your household pays tax:		
Parent(s)/carer(s) inf (1) Name: Mr/Mrs/Ms/Miss*		arer (I) will be the	e main contact Address (if different from above):
Relationship to Applicant:			
Work/Daytime contact no:			
Email Address:			
* Please delete where applicable.			
(2) Name: Mr/Mrs/Ms/Miss*	¢		Address (if different from above):
Relationship to Applicant:			
Work/Daytime Contact no:			
Email Address: * Please delete where applicable.			

Educational Information Present School: Address: Name of Head Teacher: Name of current Head of Year: School Telephone Number: School Email Address: If you have already left school, still complete the above, but state the date you left. Year you left school: WE ARE UNABLE TO TAKE STUDENTS WHO WILL HAVE REACHED THE AGE OF 20 BEFORE COMPLETION OF THE COURSE. Additional Information Please circle if you wish to request any reasonable adjustments to our aptitude workshops: Do you have any special educational needs? YES/NO If YES, please give details on a separate sheet. This will be discussed if you are invited to a workshop. Do you have an Educational Health Care Plan (EHCP)? YES/NO This will be discussed if you are invited to a workshop (please enclose a copy of your EHCP). Do you have any health issues we should know about for your comfort and safety? YES/NO If YES, please attach details. Are you a looked after child or previously looked after child? YES/NO (E.g. in care, previously in care, looked after by foster parents, or adopted after being in care) Subjects studied Please list all the subjects that you are studying at secondary school: List of qualifications or awards already gained (such as early GCSE qualifications) Please enclose copies of certificates

To support your application, please state why you wish to apply for your chosen pathway						

Summarise in no more than 50 words what you hope to achieve by attending BOA							
Monitoring Surve	²y						
Please lick appropriate	box:						
White	Brilish	() Irish	◯ Gypsy/Roma	Any other white background			
Mixed	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background			
Asian	☐Indian	Pakistani	Bangladeshi	Any other Asian background			
Black/Black Brilish	Caribbean	African	Any other Black background				
Chinese							
Anu other Ethnic Rackr	ground (please specify):						
Is English your first land							
If NO, please indicate fir	_						
Signatures							
Applicant's signature		Print Name:		Date			
Parent/Guardian signature		Print Name:		Date			
Checklist for app	licants						
Please check the fo	ollowing to ensure you ha	ve completed the form cor	rectlu.				
	ll not be processed withou		3				
☐ I have attached	t Iwo passport sized photo	ographs					
☐ I enclose a pho	otocopy (not original) of my	y f <u>ull Year TO report.</u>					
☐ I enclose a cop	y of my full <u>Year I O alten</u> i	dance and punctuality bre	<u>eakdown.</u> The full attendar	nce 'Registration Certificate'.			
These should be	e available from your curre	ent school office.					
☐ I have complet	ed every section of the fo	rm and it has been signed	d by me and my parent/c	arer /			

Please return your application form and all documentation before 3 lst January 2022.

To: Student Applications, Birmingham Ormiston Academy, 1 Grosvenor Street, Birmingham, B4 7QD.

Please ensure the correct postage is applied to your application. Please get the envelope weighed at the Post Office.