

THE KINGSWAY ACADEMY

APPLICATION FOR ADMISSION TO THE KINGSWAY ACADEMY SIXTH FORM

Please return to: Student Admissions, The Kingsway Academy, Birket Avenue, Moreton, Wirral, CH46 1RB. If you require any further information or assistance, please contact us on 0151 677 7825.

Student Details				
First Name(s):				
Surname:				
Date of Birth:	1 1	Gender:		☐ Male ☐ Female
Current School:				
Current School Year:				
Parent / Guardian Detai	ls			
First Name(s):				
Surname:				
Home Address:				
		Postcode:		
Telephone Number (Home):				
Mobile Number:				
Telephone Number (Work):				
Email Address:				
Name(s) of siblings who attend the academy: Please do not include names of cousins / friends				
Name:			Year:	
Name:			Year:	
Name:			Year:	
Where did you hear about us?			Date:	