



HELSTON COMMUNITY COLLEGE POST 16

(this form needs to be completed by the prospective student and returned to the Post 16 Administrator)

Name of Student: _____

Date of Birth: _____ Current School: _____

Address: _____

_____ Postcode: _____

Email address: _____

Please write below up to 5 courses which you would like to follow in September:

1. _____

2. _____

3. _____

4. _____

5. _____

Predicted Grades:

Maths: ☐

Science: ☐

English: ☐

Additional Science: ☐

Mock results:

Student Signature: _____ Date: _____

If you intend to apply to another College, please indicate by ticking box.

☐

Post 16 Education can also be accessed through FE Colleges.

Applications for these options need to be completed separately.

Please return completed form to Mrs Jane Rowe, Post 16 Administrator, Helston Community College, Church Hill, Helston, TR13 8NR or email to jrowe@helston.tpacademytrust.org