

HELSTON COMMUNITY COLLEGE POST 16 APPLICATION FORM 2020/21

(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:
Home Telephone N	ımber:
	up to 5 courses which you would like to follow in September: ne found in our prospectus on our website www.helston.cornwall.sch.uk/web/post_16
1.	
2	
3	
4	
5	
Predicted Grades:	
Maths:	Science:
English:	Additional Science:
Mock results:	
Student Signature:	Date:

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