Ysgol Eirias

Sixth Form Application

	Pers	onal Information				
	Full	l Name:	in a literature of the control of th			
	Date	e of Birth:		Telephon	e:	LLWDDO GYD
	Add	dress:	<u>'</u>			SUCCEEDING
		Courses the courses you are cur	rently studying	ı		
rieas	e ust i	the courses you are cur	Tentiy studying			
	end	ed course of stu	dy at Eiria	s Sixth	Form	
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Please return to: GreensladeM6@hwbcymru.net

Or by Post: Ysgol Eirias, Eirias Road, Colwyn Bay, LL29 7SP

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Including alternative learning needs and medical cond	ditions	
I hereby apply for a place at Ysgol Eirias Sixth Fo	orm. I agree to abide by the codes of the s	chool.
Signed (Student):	Date:	
Signed (Parent):	Date:	
Signed (Parent).	Date.	
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Study Programme Approva	al: SCHOOL ONLY	
Signed (Head of Sixth Form):	Date:	
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