



## Castleford Tigers College of Rugby League Application Form

<b>Surname:</b>	<b>Forename:</b>
<b>Date of Birth:</b>	<b>Gender:</b>
<b>Name and address of current school:</b>	
<b>Home address:</b>	
<b>Postcode:</b>	
<b>Home Telephone number:</b>	
<b>Student Mobile number:</b>	
<b>Student Email address:</b>	
<b>Parent/Carer name(s):</b>	
<b>Relationship to student:</b>	
<b>Parent/Carer Contact number:</b>	

<b>Parent/Carer Email address:</b>	
<b>Religion:</b>	<b>First Language:</b>
<b>Ethnicity:</b>	<b>Free School Meals: Yes/No</b>
<b>Any Special Educational Needs:</b>	

<b>LIST THE GCSEs OR OTHER QUALIFICATIONS YOU ALREADY HAVE OR ARE TAKING THIS YEAR</b>			
<b>Subject</b>	<b>Grade expected</b>	<b>Grade achieved</b>	<b>Date taken /taking</b>
English Language			
Mathematics			

I give permission for my child \_\_\_\_\_ to be contacted or receive further information about the course.

Medical information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>SIGNATURES</b>	
Parent:	Date:
Student:	Date:

**Please return this application form to Danny Evans, Talent & Pathway Officer at Castleford Tigers.**

**[danny@castigers.com](mailto:danny@castigers.com)**