

Summer School APPLICATION FORM

Please complete all parts of this form in BLOCK CAPITALS

Name: _____

Address: _____

Date of Birth: _____

Email address and mobile number: _____

School including address and telephone number: _____

Name of proposing teacher: _____

Email of proposing teacher: _____

Email address and mobile number: _____

AS/A subjects taken and expected grades: _____

Extra curricular activities: _____

Hobbies and interests: _____

Career aspirations: _____

Relevant work experience: _____

Why do you like to attend the Kaplan summer school? (max 100 words) _____

Testimony from proposing teacher (max 100 words) _____

Please email your completed form to steponup@kaplan.co.uk