





# St Albans Girls' School



SUBJECT	LEVEL (eg GCSE)	EXAMINATION BOARD	DATE OF EXAMINATION (mm/yyyy)	GRADE ACHIEVED

## Proposed Courses Of A Level Study

Please refer to the course entry requirements and enter your chosen options of three A Levels below plus a reserve:

<b>1st choice</b>	
<b>2nd choice</b>	
<b>3rd choice</b>	
<b>Reserve</b>	

## Predicted GCSE Grades

Please provide the name of a contact at your current school (usually Head of Year) from whom we can request your predicted grades.

**Name of member of staff:**

.....  
.....

**Name of school:**

.....  
.....

On completion, this form should be signed by the parent or applicant and must be returned to:  
**Mrs Amanda Clewlow, St Albans Girls' School, Sandridgebury Lane, St Albans, AL3 6DB** no later than **31 March 2023**. Applications received after this day will be considered if places are still available.

**Name of Parent/Carer:** ..... **Signature:**

.....



# St Albans Girls' School



**E-mail:** ..... **Mobile No:**  
.....

**Signature of student:** ..... **E-mail:**  
.....

**Date:** .....

If you have any questions, please telephone 01727 853134 or e-mail [post16@stags.herts.sch.uk](mailto:post16@stags.herts.sch.uk)