

## APPLICATION FOR SECONDARY SCHOOL

2024





ARABIC - ريسفت يف ةدعاسم وأ ،ةريبكلا ةعابطلا وأ قارقلل ليارب ةقيرط لا لله ليبس للع ،رخآ لكش يأ يف تامولعملا هذه بغرت تنك اذإ لاصتالا ينورتكلإلا ديربلا قيرط نع school.admissions@newport.gov.uk لل ليبس للع قسردملا قيرف لوبقلا وأ بجرى ،ةفلتخم قغلب 01633 656656

CANTONESE - 如果您希望以其他格式提供這些信息, 例如盲文或大字印刷, 或以不同語言解釋幫助, 請致電 01633 656656 或通過電子郵件聯繫學校招生團隊 school.admissions@newport.gov.uk

**CZECH -** Pokud byste chtěli tuto informaci v jiném formátu, například Braillovo písmo nebo velký tisk, nebo pomoc s výkladem v jiném jazyce, obraťte se na školu Přijímací tým na **01633 656656** nebo e-mailem **school.admissions@newport.gov.uk** 

**ENGLISH** - If you would like this information in any other format, for example braille or large print, or help with interpretation in a different language, please contact the School Admissions Team on **01633 656656** or by emailing **school.admissions@newport.gov.uk** 

**HUNGARIAN** - Ha bármilyen más formátumban, például Braille-írással vagy nagyméretű nyomtatásban szeretné megkapni ezt az információt, vagy más nyelven történő tolmácsolást igényel, kérjük, vegye fel a kapcsolatot a Beiratkozási csoporttal a a **school.admissions@newport.gov.uk** e-mail címen.

**ITALIAN** - Se desideri queste informazioni in qualsiasi altro formato, ad esempio in braille o caratteri grandi, o aiuto nell'interpretazione in una lingua diversa, contatta il Personale di Ammissione alle Scuole allo **01633 656656** o inviando un'e-mail a **school.admissions@newport.gov.uk** 

MANDARIN - 如果您希望以其他格式提供这些信息, 例如盲文或大字印刷, 或以不同语言解释帮助, 请致电 01633 656656 或通过电子邮件联系学校招生团队, school.admissions@newport.gov.uk

**POLISH -** Jeśli chcesz te informacje w innym formacie, np. Braille'a czy duży druk, lub pomoc przy interpretacji w innym języku,prosimy o kontakt z Zespołem przyjęć do szkół na **01633 656656** lub wysyłając **school.admissions@newport.gov.uk** 

**PORTUGUESE -** Se você gostaria de ter esta informação em qualquer outro formato, por exemplo braille ou letras grandes, ou ajuda com a interpretação em um idioma diferente, por favor entre em contato com a Equipe de 'Admissões Escola' pelo telefone **01633 656656** ou pelo e-mail **school.admissions@newport.gov.uk** 

**ROMANIAN** - Dacă doriți informații în orice alt format, de exemplu, de imprimare Braille sau mare, sau de ajutor cu interpretarea într-o altă limbă, vă rugăm să contactați Admitere echipa de școală pe **01633 656656** sau prin email **school.admissions@newport.gov.uk** 

**RUSSIAN** - Если Вам нужна эта информация в любом другом формате, например в шрифте Брайля или крупной печати, или помощь при устном переводе на другой язык, пожалуйста, свяжитесь с школьной комиссией по телефону 01633 656656 или по электронной почте school.admissions@newport.gov.uk

**SLOVAK -** Ak by ste chceli túto informáciu v inom formáte, napríklad Braillovo písmo alebo veľká tlač, alebo pomoc s výkladom v inom jazyku, obráťte sa na školu Prijímacie tím na **01633 656656** alebo e-mailom **school.admissions@newport.gov.uk** 

**SPANISH -** Si desea esta información en cualquier otro formato, por ejemplo, braille o letra grande, o ayuda con la interpretación en otro idioma, comuníquese con el Equipo de Admisión Escolar al **01633 656656** o envíe un correo electrónico a **school.admissions@newport.gov.uk** 

**TURKISH** - Başka bir formatta bu belgeyi almak isterseniz, örneğin farklı bir dilde yahut braille veya büyük harflerle, bu numarayi arayin **01633 656656** veya **school.admissions@newport.gov.uk** electronic mail gönderin lütfen.

اگر آپ کو کسی بھی دوسر ے فارمیٹ میں یہ معلومات چاہتے ہیں، تو مثال کے طور پر ایک مختلف زبان میں تشریح کے ساتھ بریل یا بڑے پرنٹ، یا مدد ۔ 01633 656656 پر یا school.admissions@newport.gov.uk پر یا school.admissions@newport.gov.uk

**WELSH** - Os hoffech gael y wybodaeth hon mewn unrhyw fformat arall, er enghraifft braille neu brint bras, neu help gyda chyfieithu i iaith arall, cysylltwch â'r Tîm Derbyn i Ysgolion drwy ffonio **01633 656656** neu e-bostio **school.admissions@newport.gov.uk** 





Have you considered making your application online at www.newport.gov.uk/schooladmissions

- Please answer all questions and ensure that you sign the form in the space provided.
- Please read the School Admissions Policy 2024/2025 and the guidance notes attached before filling in this form.
- For assistance with this application, email school.admissions@newport.gov.uk or call 01633 656656.
- Details of your catchment school can be found at www.newport.gov.uk/schooladmissions

| Section A: Child's Details  |                             |                    |                        |                             |                       |
|---|-----------------------------|--------------------|------------------------|-----------------------------|-----------------------|
| Forename:   | Middle na                   | ame:               |                        | Surname:                    |                       |
| Male/Female Full chosen name (i   | if different from above)    | ı:                 |                        |                             |                       |
| Date of birth:  | (please si                  | apply a copy c     | of the child's birth c | ertificate if applicable)   |                       |
| Home address:   |                             |                    |                        |                             |                       |
|   |                             |                    |                        |                             |                       |
| Please state the name of your child's cur   | rrent school:               |                    |                        |                             |                       |
| Is your child   | ild (by social services)    | □ a Previou        | sly Looked After C     | hild (by social services)   | ☐ Not applicable      |
| If yes, please state which Local Author   | ority this is under         |                    |                        |                             |                       |
| Social Worker's full name   |                             |                    | Signature              | *:                          |                       |
| For a previously Looked After Child   | please provide support      | ing evidence,      | such as an Adoptio     | n Certificate               |                       |
| * As the Social Worker for this Looked A<br>Section C is the most appropriate to me | •                           | t this application | on has been fully con  | sidered and the first prefe | rence school named in |
| Section B: Applicant detail   | s                           |                    |                        |                             |                       |
| Parent/Carer(s):  |                             | !                  | Relationship to child  | <del>!</del> :              |                       |
| Have all parties with parental respon   | sibility for this child bee | en consulted a     | nd confirmed full ag   | greement to this applicat   | tion? Yes 🗌 No 🗌      |
| If no, is there a court order in place of   | or any legal restrictions   | that prevent y     | ou making this app     | lication? Yes □ No          |                       |
| Are you in receipt of the Child Benef   | fit for this child? Yes     | □ No□              |                        |                             |                       |
| Home address (if different from abo   | ve):                        |                    |                        |                             |                       |
|   |                             |                    | Postcode: _            |                             |                       |
| Home tel:   | Mobile tel:                 |                    |                        |                             |                       |
| Email address:  |                             |                    |                        |                             |                       |
| Please indicate if you wish to receive What is your home language?                  | correspondence in; Er       | iglish / Welsh     | / Bilingually          | <b>A</b>                    | A A                   |



| You are declaring that all parties with parental responsibility for this child have been consulted and confirm full agreement to this application. If not, or there are any court orders in place / pending legal proceedings, please provide details:                       |         |  |  |  |  |  |
|--|---------|--|--|--|--|--|
| If you would like this application to be discussed with any other parties, please provide name and relationship to child:  |         |  |  |  |  |  |
| Section C: School preferences  |         |  |  |  |  |  |
| Is your preference of school: Welsh-medium $\square$ English-medium $\square$ Faith-based $\square$  |         |  |  |  |  |  |
| (You may need to apply to a different admission authority – see guidance notes)  |         |  |  |  |  |  |
| Please indicate your preferred school(s) (in order of preference). You may express more than one preference.   |         |  |  |  |  |  |
| l  |         |  |  |  |  |  |
| 2  |         |  |  |  |  |  |
| 3  |         |  |  |  |  |  |
| Section D: Additional needs  |         |  |  |  |  |  |
| ☐ Tick here if your child has a Statement of Special Educational Needs or an Individual Development Plan (IDP) which names a par school in Section 2D.1 of the document.   | ticular |  |  |  |  |  |
| If your child has a Statement/IDP but no school is written in section 2D.1, or the document does not have a section 2D.1, you shou tick this box.  | ıld not |  |  |  |  |  |
| If you have ticked this box you must email a copy of the Statement/IDP, including section 2D.1, to school.admissions@newport.gov   | ı.uk    |  |  |  |  |  |
| Please indicate your child's special medical circumstances, if any:  |         |  |  |  |  |  |
| The information requested is regarded as special category data and we require your consent to process this information. Please note we will continue to process your application if you do not give consent, however we will not use this information for any other purpose. |         |  |  |  |  |  |
| ☐ Please check this box to consent   |         |  |  |  |  |  |
| You may withdraw your consent at any time by contacting school.admissions@newport.gov.uk or by calling Newport City Council on 01633 65665   |         |  |  |  |  |  |
| Section E: Relevant Sibling  |         |  |  |  |  |  |
| Does your child have a brother or sister attending any of the schools you have listed? Yes \( \subseteq \text{No} \subseteq \)   |         |  |  |  |  |  |
| Or are you also making an application for another child? Yes $\square$ No $\square$  |         |  |  |  |  |  |
| Please provide details of the relevant sibling who is nearest in age to the child for whom the application is being made:  |         |  |  |  |  |  |
| Name Date of birth School  |         |  |  |  |  |  |
| If your child has a relevant sibling but you do not mention it here, the School Admissions Team will be unable to take this sibling into consideration when determining your application.  | )       |  |  |  |  |  |



| Section F: Other information relevant to the oversubscription criteria?   |  |  |  |  |  |
|---|--|--|--|--|--|
| Is this a child of UK service personnel or other Crown Servants (including diplomats)? Yes $\square$ No $\square$   |  |  |  |  |  |
| If yes, please specify  |  |  |  |  |  |
| Is this a child of multiple birth (e.g. twin or triplet)? Yes $\square$ No $\square$  |  |  |  |  |  |
| Section G: Supporting evidence (please tick all relevant statements)  |  |  |  |  |  |
| Newport City Council would like to ask for your consent to check your Council Tax record as evidence of your home address. Please note, we will continue to process your application if you do not give consent, however, we will require alternative evidence from you. We will not use this information for any other purpose.  |  |  |  |  |  |
| You may withdraw your consent at any time by contacting <b>school.admissions@newport.gov.uk</b> or by calling Newport City Council on <b>01633 656656</b> .   |  |  |  |  |  |
| Newport City Council may check my Council Tax record as proof of address.   |  |  |  |  |  |
| ☐ Please check this box to consent. My Council Tax Account number is  |  |  |  |  |  |
| ☐ I attach a copy of my child's birth certificate, NHS medical card or valid passport. DO NOT SEND ORIGINALS  |  |  |  |  |  |
| ☐ Other relevant evidence is attached (please specify)  |  |  |  |  |  |
|   |  |  |  |  |  |
| Section H: Important information to note  |  |  |  |  |  |
|   |  |  |  |  |  |
| Please ensure that your completed application is submitted to: <b>School Admissions Team, Civic Centre, Newport, NP20 4UR</b> By <b>5pm on 13<sup>TH</sup> November 2023</b> . This is to ensure that a decision is issued to you by no later than <b>I<sup>ST</sup> MARCH 2024</b> .   |  |  |  |  |  |
|   |  |  |  |  |  |
| By <b>5pm on 13<sup>TH</sup> November 2023</b> . This is to ensure that a decision is issued to you by no later than <b>I<sup>ST</sup> MARCH 2024</b> .   |  |  |  |  |  |
| By <b>5pm on 13<sup>TH</sup> November 2023</b> . This is to ensure that a decision is issued to you by no later than <b>I</b> <sup>ST</sup> <b>MARCH 2024</b> .  We recommend that you keep a copy of the completed form for your own records.  Declaration I have read the Information in the School Admissions Policy and understand that the application is subject to the terms and conditions outlined in this document and therefore there is no guarantee of admission to my chosen school.  I confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application. The information I have provided is accurate and complete, to  |  |  |  |  |  |
| By 5pm on 13 <sup>TH</sup> November 2023. This is to ensure that a decision is issued to you by no later than 1 <sup>ST</sup> MARCH 2024.  We recommend that you keep a copy of the completed form for your own records.  Declaration I have read the Information in the School Admissions Policy and understand that the application is subject to the terms and conditions outlined in this document and therefore there is no guarantee of admission to my chosen school.  I confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application. The information I have provided is accurate and complete, to the best of my knowledge.  |  |  |  |  |  |
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| By 5pm on 13 <sup>TH</sup> November 2023. This is to ensure that a decision is issued to you by no later than 1 <sup>ST</sup> MARCH 2024.  We recommend that you keep a copy of the completed form for your own records.  Declaration I have read the Information in the School Admissions Policy and understand that the application is subject to the terms and conditions outlined in this document and therefore there is no guarantee of admission to my chosen school.  I confirm that I have parental responsibility for the pupil and have obtained the agreement of all other persons who have parental responsibility for the pupil to make this application. The information I have provided is accurate and complete, to the best of my knowledge.  Signed:  Full name (PRINT):  Date:  Date:  Note that if this is the case, the applicant is still required to sign the above declaration to confirm that they understand the terms and conditions of the application.  |  |  |  |  |  |



## Important information to note

Please make sure that you have read the declaration before signing and dating the form. If the application is submitted unsigned, this could delay the processing of your application, thus increasing the possibility of not achieving a place at your preferred school.

Allegations of fraudulent claims will be investigated, and places may be withdrawn if applicants have knowingly provided false information in order to obtain the advantage of a particular school, to which they would not normally be entitled.

DATA PROTECTION ACT: Newport City Council is registered under the Data Protection Act 2018, allowing the council to hold and process personal data. Such information will only be used for the purpose for which it was provided and as allowed by the Act.

For processing applications for school places in Newport the information you provide on this application form may be shared with other agencies that are directly involved in the education, health and welfare of school children, including other local admission authorities. Privacy policy: please view online at www.newport.gov.uk/privacynotice

Checklist for applicants - please use this checklist before submitting your application

|      | Could you make this application online instead?  If you are making your application before the closing date you could visit www.newport.gov.uk/schooladmissions and submit your application online. One of the benefits of this is that you will be able to view your decision online on the offer date.  |
|------|---|
|      | Have you completed the correct application form?  This application form is for parents applying for a September 2024 secondary school place in a Newport City Council community school only. For a place in a Roman Catholic School contact the school directly If you require a different application form, please contact school admissions on 01633 656656.                |
|      | Have you read and understood these notes before completing your application?  Should you require any assistance in completing this form, any clarification of the admissions process, including details of your catchment school, or a copy of the School Admissions Policy, please contact school admissions on 01633 656656 or by emailing school.admissions@newport.gov.uk |
|      | Do you have parental responsibility for the child for whom the application is being made? If no, please ask the person with parental responsibility to complete and sign the application form. If you have parental responsibility but are not the parent, have you provided the relevant evidence as detailed in the school admissions policy 24/25                          |
|      | If the child for whom the application is being made is under the care of a local authority, has the social worker signed the application?   |
|      | If the child for whom the application is being made was previously under the care of a local authority, have you provided a copy of the adoption certificate with the application?  |
|      | Do you know what your catchment school is?  Details of your catchment school can be found on the council's website (www.newport.gov.uk/schooladmissions)  |
|      | Have you answered all questions fully and to the best of your knowledge, including details of any relevant medical factors and / or relevant siblings?  |
|      | Have you given permission for school admissions to refer to your council tax record? If not, have you provided acceptable physical evidence as detailed in Section G?   |
|      | Have you attached a photocopy of your child's birth certificate as detailed in Section G?   |
|      | Have you signed the application form?   |
|      | Will your application be received by the school admissions team before the closing date of 13 November 2023?  |
| I+ ; | the applicant's responsibility to ensure that the school admissions to an NOT your professed school resolves your completed application   |

It is the applicant's responsibility to ensure that the school admissions team - NOT your preferred school - receives your completed application safely and on time. If you are posting your application, it is recommended that the form is sent by recorded delivery. The Council cannot accept responsibility for any application or evidence that is lost in the postal system. Any applications that are received by the school admissions team after the closing date or applications that remain incomplete (i.e. without proof of address) at the closing date will be determined as being late; this may increase the possibility of not achieving a place at your preferred school.