**NEWPORT GIRLS’ HIGH SCHOOL**

**Supplementary Information Form for Years 7, 8, 9 & 10**

**September 2024 – August 2025**

**I would like my daughter to be considered for a place in year: 7 8 9 10 (please tick)**

**Candidates who sat the Entrance Test for Year 7 entry are not permitted to sit another test until Year 8**

**Candidates who meet the minimum required standard in the in year admissions test will be eligible to join the waiting list for the relevant Year Group. Candidates who do not meet the minimum standard in the in year test will not be eligible to join the waiting list. Candidates are only permitted to sit the in-year admissions test once.**

**Candidate’s details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Girl’s Surname: |  | | | |
| Girl’s Forenames: |  | | | |
| Date of Birth: |  | | | |
| Full Names of Parents/Carers: | Mr/Mrs/Miss/Ms/Dr/Other: | | Relationship to Child: | |
|  | | | |
| Mr/Mrs/Miss/Ms/Dr/Other: | | Relationship to Child: | |
|  | | | |
| Home Address *(where the child normally resides on weekdays and nights):* |  | | | |
|  | | | |
|  | | | Postcode: |
| Daytime Telephone: |  | Evening Telephone: | |  |
| Mobile Telephone: |  | | | |
| Email Address: |  | | | |
| Name and Address of Present School: |  | | | |
|  | | | Postcode: |
| Do you have other children attending the school: YES/NO Name: Form: | | | | |
| Please indicate any pastoral, medical or particular requirements for your daughter: | | | | |

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| **SPECIAL ARRANGEMENTS**  Parents who consider that their child has a disability under the terms of the Equality Act 2010 and/or a Special Educational Need which would disadvantage her during the application of the admission procedures **should contact the school, for further advice** so that consideration can be given to making any special arrangements or reasonable adjustments to the entrance test.  **LOOKED AFTER CHILDREN**  If your child is in, or has ever been in, public care, please state below the name of the Council that is responsible for your child.  …………………………………………………………………………………………………………………………………………………………………………………………  If your child is adopted, was she “Looked After” immediately prior to the adoption? YES/NO  **PUPIL PREMIUM**  Is your child currently, or have they been in the last six years, entitled to:  Pupil Premium YES/NO End date if applicable………………  Service Pupil Premium YES/NO End date if applicable……………… |

**In order to be considered for a place at Newport Girls’ High School, I understand that I must also apply to my home Local Authority and complete an in-year transfer application form.**

**Signature of Parent/Carer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please return this form to: **ADMISSIONS, NEWPORT GIRLS’ HIGH SCHOOL, WELLINGTON ROAD, NEWPORT, SHROPSHIRE. TF10 7HL**  Please note: This information will only be kept by the school until 31 August 2025. **To remain on the waiting list after this date, parents will need to contact the school.** |