

**NEWPORT GIRLS’ HIGH SCHOOL**

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

**September 2020 – August 2021**

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

**Date your daughter sat the Entrance Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidates must not have sat the test on a previous occasion within the Consortium (Newport Girls’ High School, Queen Mary’s High School and Wolverhampton Girls’ High School).**

**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, as additional information must be submitted** 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 |

**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 2021. **To remain on the waiting list, parents will need to contact the school.** |