

NEWPORT GIRLS' HIGH SCHOOL Supplementary Information Form for Years 7, 8, 9 & 10 September 2021 – August 2022

I would like my daugh	nter to be considered for a place in yea	nr: 7 8	9 10 (please tick)
	Entrance Test if applicable: le to sit another test until the Spring T academic	Term of Year 8. Candidates	candidates who sat the Entrance Test s are only permitted to sit one Test per
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:			Postcodo
		Postcode:	
Do you have other children attending the school: YES/NO Name: Form:			Form:
Please indicate any pastoral, n	nedical or particular requirements for you	ur daughter:	
would disadvantage her durin submitted so that consideration LOOKED AFTER CHILDREN	eir child has a disability under the terms g the application of the admission proced on can be given to making any special arrocen in, public care, please state below the	dures should contact the sc rangements or reasonable a	hool, as additional information must be djustments to the entrance test.
If your child is adopted, was sl	he "Looked After" immediately prior to th	ne adoption? YES/NO	
complete an in-year transfer a	place at Newport Girls' High School, I ur pplication form.		pply to my home Local Authority and
Signature of Parent/Carer: Date:			

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 2022. To remain on the waiting list after this date, parents will need to contact the school.