



**NEWPORT GIRLS' HIGH SCHOOL**  
**Supplementary Information Form for Years 7, 8, 9 & 10**  
**September 2023 – August 2024**

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 if applicable: \_\_\_\_\_ Please note, candidates who sat the Entrance Test for Year 7 entry are not eligible to sit another test until the Spring Term of Year 8. 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:			

**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.

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 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: \_\_\_\_\_

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 2024. **To remain on the waiting list after this date, parents will need to contact the school.**