CHARLES WILLIAMS CHURCH IN WALES PRIMARY SCHOOL
SCHOOL ADMISSION FORM

CHARLES WILLIAMS
CHURCH IN WALES PRIMARY SCHOOL

Full name of Child

_____

Date of Birth _____

Gender_____

Address _____

_____

_____

Post Code _____

Home Telephone _____

E mail address _____

Nationality _____

Religion _____

Languages spoken at home _____

Name Parent/ Guardian _____

Names and Date of Birth of siblings attending Charles Williams Church in Wales Primary School (if applicable)

_____

_____

Name of any previous school/nursery/playgroup attended _____

_____

IS YOUR CHILD A LOOKED AFTER CHILD (CHILD IN CARE)? Yes/No

Detail any over-riding religious/social/medical reasons for admission. If you would like us to consider your application on faith, a written reference, with contact details, **must** be provided by your minister.

_____

_____

Name of Pupil's Doctor _____

Address of Doctor's Surgery _____

_____

Known medical conditions _____

List any additional learning or special needs (this will not affect allocation of places).

_____

_____

OVERSUBSCRIPTION CRITERIA

If there are more applications than places available the Governing Body will apply the following oversubscription criteria:

1. Looked after children and previously looked after children.
2. Children of the faith who live within the school's defined area with a sibling attending the school when they join.
3. Children of the faith who live outside the defined area with a sibling attending the school when they join.
4. Children of the faith who live outside the defined area.
5. Children and/or parents with exceptional needs.
6. Children not of the faith who live within the school's defined area with a sibling attending the school when they join.
7. Children not of the faith who live within the school's defined area.
8. Children not of the faith who live outside the defined area with a sibling attending the school when they join.

After considering the above categories, or if the number of applications in any one of the above categories exceeds the indicated admission number, priority will be based on those residing closest to the school.

CONTACT DETAILS

PLEASE GIVE DETAILS OF TWO PEOPLE WHO CAN BE CONTACTED IN THE CASE OF AN EMERGENCY.

Contact 1 Name _____Tel No _____

Relationship to pupil _____

Contact 2 Name _____Tel No _____

Relationship to pupil _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

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 the purpose of 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. Allegations of fraudulent claims will be investigated and places may be withdrawn if applicants knowingly provide false

information in order to obtain the advantage of a particular school, to which they would not normally be entitled.