

**FOR OFFICE USE ONLY**

- Exam Certs seen
- Last School Report seen
- Sixth Form Application Form
- UCI to Exam Officer
- ULN to Exam Officer
- UPN received
- Alyse Lit
- Alyse Num

SIXTH FORM ADMISSION FORM

PUPIL DETAILS

SURNAME	FORENAMES	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ADDRESS	DATE OF BIRTH / /	TELEPHONE NO	
POSTCODE			

DETAILS OF LAST SCHOOLS

NAME OF LAST SECONDARY SCHOOL	NUMBER OF YEARS AT THAT SCHOOL
ADDRESS	TELEPHONE NO.

NAME OF LAST PRIMARY SCHOOL

REGISTRATION NUMBERS (available on exam certificates / results slips)

These registration numbers are important as they are used to register pupils with Exam Boards. UCI (12 digits, 1 letter) and ULN (10 digits) numbers can usually be found on exam certificates / results slips.

UCI (unique candidate no)	ULN (Unique learner no)
N N N N N N N N N N N N L	N N N N N N N N N N

PERSONS WITH PARENTAL RESPONSIBILITY

***Legal Definition of Parental Responsibility (PR). The following people have PR:**

1. Natural Mothers
2. Natural Fathers IF: he was married to the mother when the child was born OR has a PR agreement with the mother OR by court order.
3. Both if they jointly adopt a child
4. A step-parent by agreement of those parents who have Parental Responsibility for the child: OR by order of the court.
5. Where the court makes a Residence Order.
6. Local Authorities will be given Parent Responsibility if the child is under a care order (LAC).

**** Parental Ballot:**

From time to time, we like to ask the opinion of parents on issues which affect the school, your preference on whether you wish to take part is shown below.

***** Email Address:**

Parents can access information about their children via the Eirias Information Gateway (EIG). Access to this information requires a username and password. For the password retrieval system, we need to ensure that the correct email address is held by the school. These will be email addresses of those persons shown below who have parental responsibility

SURNAME	FORENAMES
ADDRESS	EMAIL*** (primary home email address)
POSTCODE	
TELEPHONE NO	MOBILE NO (used as primary contact number and school text messaging service)
RELATIONSHIP TO STUDENT	HAS PARENTAL RESPONSIBILITY* YES <input type="checkbox"/> NO <input type="checkbox"/>
	AGREED TO PARENTAL BALLOT? ** YES <input type="checkbox"/> NO <input type="checkbox"/>

SURNAME	FORENAMES
ADDRESS	EMAIL*** (primary home email address)
POSTCODE	
TELEPHONE NO	MOBILE NO (used as primary contact number and school text messaging service)
RELATIONSHIP TO STUDENT	HAS PARENTAL RESPONSIBILITY* YES <input type="checkbox"/> NO <input type="checkbox"/>
	AGREED TO PARENTAL BALLOT? ** YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONS WITH ACTUAL CUSTODY – IF DIFFERENT FROM ABOVE

SURNAME	FORENAMES
ADDRESS	EMAIL*** (primary home email address)
POSTCODE	
TELEPHONE NO	MOBILE NO (used as primary contact number and school text messaging service)
RELATIONSHIP TO STUDENT	HAS PARENTAL RESPONSIBILITY* YES <input type="checkbox"/> NO <input type="checkbox"/>
	AGREED TO PARENTAL BALLOT? ** YES <input type="checkbox"/> NO <input type="checkbox"/>

SURNAME	FORENAMES
ADDRESS	EMAIL*** (primary home email address)
POSTCODE	
TELEPHONE NO	MOBILE NO (used as primary contact number and school text messaging service)
RELATIONSHIP TO STUDENT	HAS PARENTAL RESPONSIBILITY* YES <input type="checkbox"/> NO <input type="checkbox"/>
	AGREED TO PARENTAL BALLOT? ** YES <input type="checkbox"/> NO <input type="checkbox"/>

EMERGENCY CONTACTS – IF DIFFERENT FROM ABOVE

if the nature of your occupation makes daytime contact difficult, please give the name, relationship, telephone number and location of up to three persons who may be contacted in the event of an emergency to act upon your behalf

	CONTACT 1	CONTACT 2	CONTACT 3
NAME			
RELATIONSHIP			
LOCATION OF CONTACT			
TELEPHONE NUMBER			
MOBILE NUMBER			

SIBLINGS: if there are brothers or sisters in the school please give the name and year group of the oldest child

NAME	YEAR AND FORM
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PUPIL DATA COLLECTION

FIRST LANGUAGE	ANY OTHER LANGUAGES
HOME LANGUAGE	RELIGION

WELSH LANGUAGE

1.	Can your child speak Welsh? <i>If No, there is no need to answer questions 2 to 5.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Which of the following best describes your child's fluency in Welsh (please tick)?	
	Speaks Welsh fluently	<input type="checkbox"/>
	Speaks Welsh but not fluently	<input type="checkbox"/>
3.	Does your child speak Welsh in the home? <i>If No, there is no need to answer questions 4 and 5.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Which of the following best describes the use of the Welsh language by your child at home (please tick)?	
	Speaks Welsh with one parent or guardian only	<input type="checkbox"/>
	Speaks Welsh with both parent(s) or guardian(s)	<input type="checkbox"/>
	Does not speak Welsh at home with parents or guardian(s)	<input type="checkbox"/>
5.	Does your child speak Welsh in the home with his or her brothers or sisters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I do not wish the information regarding Welsh language to be recorded (please tick box).	<input type="checkbox"/>

NATIONAL IDENTITY

(please tick one box only)

(a) Welsh <input type="checkbox"/>	(e) British <input type="checkbox"/>
(b) English <input type="checkbox"/>	(f) Other (Please specify) <input type="checkbox"/>
(c) Scottish <input type="checkbox"/>
(d) Irish <input type="checkbox"/>	(g) I do not wish a National Identity to be recorded. <input type="checkbox"/>

ETHNIC BACKGROUND

(please tick one box only)

(a) White • British <input type="checkbox"/> • Traveller of Irish Heritage <input type="checkbox"/> • Gypsy/Roma <input type="checkbox"/> • Any other white background <input type="checkbox"/>	(d) Black or Black British • Caribbean <input type="checkbox"/> • African <input type="checkbox"/> • Any other Black background <input type="checkbox"/>
(b) Mixed • White and Black Caribbean <input type="checkbox"/> • White and Black African <input type="checkbox"/> • White and Asian <input type="checkbox"/> • Any other mixed background <input type="checkbox"/>	(e) Chinese or Chinese British <input type="checkbox"/>
(c) Asian or Asian British • Indian <input type="checkbox"/> • Pakistani <input type="checkbox"/> • Bangladeshi <input type="checkbox"/> • Any other Asian background <input type="checkbox"/>	(f) Any other ethnic background <input type="checkbox"/> (g) I do not wish an ethnic background to be recorded. <input type="checkbox"/>

MEDICAL INFORMATION

DOCTOR'S SURGERY NAME

ADDRESS OF SURGERY

POSTCODE

TELEPHONE NUMBER

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS - IF YES, PLEASE GIVE FULL DETAILS BELOW:

YES NO

DOES YOUR CHILD HAVE ANY ALLERGIES – IF YES, PLEASE GIVE FULL DETAILS BELOW:

YES NO

DOES YOUR CHILD USE ANY SPECIFIC FORM OF MEDICATION (E.G EPIPEN/INSULIN/INHALER)

YES NO

If yes, please ensure that all medication is current and that you have read and signed the school's Administration of Medicines Policy. Nominated staff are trained in the use of some medical administration e.g. epipen.

PLEASE GIVE FULL DETAILS OF MEDICINES:

HAVE YOU SIGNED AND UNDERSTOOD THE SCHOOL'S ADMINISTRATION OF MEDICINES POLICY?

YES NO

(applicable to any medicines) Copies of policy available from school reception

IS YOUR CHILD REGISTERED DISABLED – IF YES, PLEASE GIVE DETAILS BELOW:

YES NO

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS? IF YES, PLEASE SPECIFY BELOW

YES NO **PHOTOGRAPHS**

PLEASE INDICATE IF YOU AGREE FOR YOUR CHILD'S PHOTOGRAPH TO BE USED FOR PUBLICITY PURPOSES

YES NO **FURTHER INFORMATION**

PLEASE ADD FURTHER COMMENTS YOU MAY HAVE BELOW:

The school is registered under the Data Protection Act 1998 for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Welsh Government, Local Authority and other government authorised bodies.

PLEASE SIGN THIS FORM IN THE SPACES INDICATED – THANK YOU

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

SIXTH FORM APPLICATION FORM

PUPIL DETAILS

SURNAME	FORENAMES	DATE OF BIRTH
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YEAR 11 COURSES

Please list all the courses you are currently studying in Year 11

SUBJECT	TYPE (EG. GCSE, NATIONAL AWARD ETC)	OFFICE USE ONLY

EXAMS ALREADY SAT / ACHIEVED

Please list all the Subjects you have already sat as an exam

SUBJECT	TYPE (EG. GCSE, NATIONAL AWARD ETC)	DATE ACHIEVED	RESULT

INTENDED COURSE OF STUDY AT EIRIAS SIXTH FORM

You should choose one subject from four of the option columns. Please see page 11 of the Sixth Form Prospectus for further details.

SUBJECT	LEVEL (EG. AS, INTRODUCTORY DIPLOMA etc)	OPTION COLUMN

PLEASE SIGN THIS FORM IN THE SPACES INDICATED – THANK YOU

I hereby apply for a place at Ysgol Eirias Sixth Form. I agree to abide by the codes of the school

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

STUDY PROGRAMME APPROVAL: FOR SCHOOL USE ONLY

SIGNATURE OF HEAD OF SIXTH FORM

DATE

ADDITIONAL INFORMATION (Including alternative learning needs)

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