

**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 **PARENTAL CONSENT**

Please complete the separate parental consent / opt in form attached in order to comply with GDPR regulations.

FURTHER INFORMATION

PLEASE ADD FURTHER COMMENTS YOU MAY HAVE BELOW:

All data collection and retention is subject to GDPR requirements. The school is registered with the Information Commissioner's Office for holding personal data. The school is required to share some of the data with the Welsh Government, the Local Authority and other government authorised bodies – please see the school's privacy notice for further information (Data Protection Act 1998 repealed – superseded by EU Regulation E2016/679 GDPR and implemented 25 May 2018)

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 each of the option columns. The Welsh Baccalaureate must be one of the five options. Please refer to the Sixth Form Option Pools and Facts & Figures insert.

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

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
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SIGNATURE OF PARENT/GUARDIAN	DATE
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STUDY PROGRAMME APPROVAL: FOR SCHOOL USE ONLY

SIGNATURE OF HEAD OF SIXTH FORM	DATE
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ADDITIONAL INFORMATION (Including alternative learning needs)

PARENTAL CONSENT FORM - 2018-2019 - YSGOL EIRIAS

In order to comply with General Data Protection Regulation (GDPR) which came into force on 25th May 2018, we require your consent to the follow. Please place a ✓ in the appropriate boxes where consent is given, sign and date the form.

Name of Pupil in full: _____

I give consent for the school to use my child's photograph in the school printed Publications: Yes

I give consent for the school to use my child's photograph in any newspaper, whether community, locally or nationally: Yes

I give consent for the school to use my child's image on the school website: Yes

I give consent for the school to use my child's image on the school's Twitter account: Yes

I give consent for the school to use my child's image on the school's Facebook account: Yes

I give consent for the school to record my child's image on video or webcam: Yes

I give consent for my child to appear in the media: Yes

I give consent for the school to e-mail me a copy of school newsletter: Yes

Conditions of use:

1. This form is valid for 1 year from the date you sign it, or for the period of time your child attends this school. The consent will automatically expire after this time.
2. We will not re-use any photographs or recordings after your child leaves this school.
3. We will not use the personal details or full name (which means first name **and** surname) of any child or adult in a photographic image on video, on our website, in our school prospectus or in any of our other printed publications.
4. We will not include personal e-mail or postal address, telephone or fax numbers on video, on our website, in our school prospectus or in other printed publications.
5. If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption.
6. If we name a pupil in the text, we will not use a photograph of that child to accompany the article.
7. We may include pictures of pupils and teachers that have been drawn by the pupils.
8. We may use group or class photographs or footage with very general labels such as "a science lesson" or "making Christmas decorations".
9. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

I understand that, should I wish to withdraw my consent to any of the above at a later date,
I must contact the school to do so.

Signed (Parent/Guardian): _____ Date: _____