

CATHAYS HIGH SCHOOL SIXTH FORM ADMISSION FORM

ADMISSION DATE		FORM		SATs	
CHILDS SURNAME:		FIRST NAME:		MIDDLE NAMES:	
DATE OF BIRTH:		CHOSEN NAME:		GENDER	Male / Female
Is the name given above correct?		YES / NO	If name incorrect, identification seen by school?		
CHILD'S ADDRESS:			STUDENT TELEPHONE NUMBER:		

PARENTAL CONTACTS

CONTACT 1	CONTACT 2	ONE OTHER EMERGENCY CONTACT
Title:	Title:	Title:
Surname:	Surname:	Surname:
First Name:	First Name:	First Name:
Parental Responsibility: Yes / No	Parental Responsibility: Yes / No	Relation to pupil:
Address:	Address:	Address:
Home Telephone:	Home Telephone:	Home Telephone:
Mobile Telephone:	Mobile Telephone:	Mobile Telephone:
E-mail address:	E-mail Address:	E-mail address:
Relationship to child:	Relationship to Child:	

MEDICAL INFORMATION

Address of GP:	List any Medical conditions that the school needs to be aware of:	List any dietary needs your child may have:

ETHNICITY (Please tick 1 box only)

Afghanistani	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	White Asian	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Sudanese	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	New traveller	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	Occupational Traveller	<input type="checkbox"/>	White British	<input type="checkbox"/>
Asian & Black	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Black Africa	<input type="checkbox"/>	White European Other	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Other Ethic Group	<input type="checkbox"/>	White & any other ethnic group	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>	Traveller Of Irish Heritage	<input type="checkbox"/>
Black European	<input type="checkbox"/>	Romanian	<input type="checkbox"/>	Other Pakistani	<input type="checkbox"/>	Asian & Other Ethnic Group	<input type="checkbox"/>
Czech	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Other/Roma Gypsy	<input type="checkbox"/>	Black & Other Ethnic Group	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Slovakian	<input type="checkbox"/>	Other traveller	<input type="checkbox"/>	British/Roma Gypsy	<input type="checkbox"/>
Egyptian	<input type="checkbox"/>	Other (Please specify)			<input type="checkbox"/>		<input type="checkbox"/>

FIRST LANGUAGE (Please tick 1 box only)

Arabic	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Czech	<input type="checkbox"/>	English	<input type="checkbox"/>	French	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Panjabi	<input type="checkbox"/>	Persian	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Romanian	<input type="checkbox"/>	Slovak	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Tigrinya	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Other. Please specify					
Prefer not to say						British Sign Language			<input type="checkbox"/>	Interpreter Required			

Religion, Belief or Non-Belief

If you are Religious, please tick the Religion you follow. If you are not religious, please tick the box that describes you.

No Religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Methodist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Other (please state):			

NATIONAL IDENTITY (Please tick 1 box only)

Welsh	<input type="checkbox"/>	British	<input type="checkbox"/>	English	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Other	<input type="checkbox"/>
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WELSH LANGUAGE Does your Child Speak Welsh?	NO:	<input type="checkbox"/>
	YES:	<input type="checkbox"/>

If Yes which of the following describes your child's fluency:

Speaks Welsh fluently	<input type="checkbox"/>	Does your child speak welsh with Parents?	<input type="checkbox"/>
Speaks Welsh but not fluently	<input type="checkbox"/>	Does your child speak welsh with siblings?	<input type="checkbox"/>

SCHOOL HISTORY:	Has your child attended this school before?		Yes / No
Does your child have brothers or sisters at this school?	Yes / No	Siblings Date of birth:	
If yes: Name of eldest brother or Sister:			
Was your child born outside the United Kingdom	Yes / No	Date of arrival in United Kingdom:	
If yes , where was your child born?			
Previous School Details. Name of previous school:		Date Child Started this school:	
		Date Child left this school:	