

ate/Dyddiad 18 December 2023
Ask for/Gofynwch am M Matthews
Telephone/Rhif ffôn 01446 - 709727
Fax/Ffacs
e-mail/e-bost Admissions@valeofglamorgan.gov.uk
Your Ref/Eich Cyf
My Ref/Cyf MM/ADM

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Learning and Skills
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**To: Headteacher and the Governing Body of Community Secondary, Primary, Nursery and Special Schools, Foundation Schools, Church in Wales Aided and Controlled Primary Schools and Catholic Secondary and Primary Schools
Neighbouring Local Authorities
Diocesan Directors of Education
Vale of Glamorgan Admissions Forum**

Dear Consultee,

VALE OF GLAMORGAN COUNCIL - SCHOOL ADMISSION ARRANGEMENTS 2025/2026

In accordance with the School Admissions Code 2013, the Vale of Glamorgan Council is consulting on its proposed school admission arrangements for the 2025/2026 academic year. Regulations require consultation to be completed by 1 March 2024 and arrangements to be determined by Admission Authorities by 15 April 2024.

A copy of the proposed School Admissions policy for 2025/2026 is attached for your consideration. The only change from last year's arrangements is a proposed extension of the temporary secondary oversubscription criteria relating to those pupils on roll at a previous feeder primary secondary school prior to the withdrawal of the feeder school arrangements in September 2020, criteria 4 of the secondary school oversubscription criteria. It is proposed to extend the temporary criteria for a further two years that would cease for the 2027/2028 academic year.

The consultation commences on the 18 December 2023 and ends on the 9 February 2024

The local authority would be pleased to receive views on the proposed policy by 9 February 2024. Comments may be sent in writing to Mike Matthews, Principal Strategic Planning Officer - Strategy and Resources at the above address or by email MMatthews@valeofglamorgan.gov.uk including the Equality Monitoring Form.

Thank you for your kind assistance and co-operation with this matter.

Yours sincerely

L Lewis

Lisa Lewis
Operational Manager, Strategy and Resources

Correspondence is welcomed in Welsh or English/Croesawir Gohebiaeth yn y Gymraeg neu yn Saesneg

Vale of Glamorgan Equality Monitoring Form

Gender and Gender Identity				
What is your gender?		<input type="checkbox"/> Female <input type="checkbox"/> Male		
At birth were you described as?		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say		
Disability				
Are your day-to-day activities limited because of a physical or mental health condition, illness or disability which has lasted, or is expected to last, 12 months or more?		<input type="checkbox"/> Yes – limited a lot <input type="checkbox"/> Yes – limited a little <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Age				
What is your date of birth?				
National Identity				
National Identity – how would you describe your national identity?				
<input type="checkbox"/> Welsh	<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> Northern Irish	<input type="checkbox"/> British
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Prefer not to say		
Ethnic Group				
Ethnicity – how would you describe your ethnic group?				
White				
<input type="checkbox"/> Welsh/English/Scottish/Northern Irish/British			<input type="checkbox"/> Irish	
<input type="checkbox"/> Gypsy or Irish Traveller		<input type="checkbox"/> Any other white background (please specify):		
Mixed/multiple ethnic groups				
<input type="checkbox"/> White and Black Caribbean		<input type="checkbox"/> White and Black African		<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other mixed/multiple ethnic background (please specify):				
Asian/Asian British				
<input type="checkbox"/> Indian		<input type="checkbox"/> Pakistani		<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background (please specify):				
Black/African/Caribbean/Black British				
<input type="checkbox"/> African			<input type="checkbox"/> Caribbean	
<input type="checkbox"/> Any other Black/African/Caribbean background (please specify):				
Other ethnic group				
<input type="checkbox"/> Arab				
<input type="checkbox"/> Any other ethnic group (please specify):				
<input type="checkbox"/> Prefer not to say				

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Welsh Language

Please describe your Welsh language ability by ticking the relevant box(es) below.

	Understand	Speak	Read	Write
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Identity

Which of the following options best describes how you think of yourself?

<input type="checkbox"/> Heterosexual / straight	<input type="checkbox"/> Gay or lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say	

Religion

What is your religion?

<input type="checkbox"/> No religion	<input type="checkbox"/> Christian (all denominations)	<input type="checkbox"/> Buddhist	
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Any other religion (please specify):		<input type="checkbox"/> Prefer not to say	

Pregnancy and Maternity and Maternity

Are you currently pregnant or have you been pregnant within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Have you taken maternity leave within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Marriage and Civil Partnership

What is your legal marital or same sex civil partnership status?	<input type="checkbox"/> Single, that is never married and never registered in a same sex civil partnership <input type="checkbox"/> Married and living with husband/wife <input type="checkbox"/> Separated but still legally married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> In a registered same-sex civil partnership and living with your partner <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership <input type="checkbox"/> Formerly in a same-sex civil partnership which is now legally dissolved <input type="checkbox"/> Surviving partner from a same-sex civil partnership <input type="checkbox"/> Prefer not to say
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