

ate/Dyddiad 09 January 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

The Vale of Glamorgan Council
Learning and Skills
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www.valeofglamorgan.gov.uk
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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 2024/2025

In accordance with the School Admissions Code 2013, the Vale of Glamorgan Council is consulting on its proposed school admission arrangements for the 2024/2025 academic year. Regulations require consultation to be completed by 1 March 2023 and arrangements to be determined by Admission Authorities by 15 April 2023.

A copy of the proposed School Admissions policy for 2024/2025 is attached for your consideration. There are no changes proposed to the school admission arrangements agreed last year for admissions to schools in the academic year 2023/2024.

The consultation commences on the 9 January 2023 and ends on the 17 February 2023

The local authority would be pleased to receive views on the proposed policy by 17 February 2023. 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"/> Chinese	
<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				
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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