

John Willmott School Sixth Form Admission Booklet 2022 - 2023



'Potential into Reality'

Student Name:

Previous School

Reddicap Heath Road, Sutton Coldfield B75 7DY

Telephone: 0121 378 1946

School Email: enquiry@jws.bham.sch.uk

Website: www.johnwillmottschool.co.uk

Acting Headteacher: Mrs N Gould

Head of Sixth Form: Mrs G Aston

PLEASE COMPLETE AND RETURN

PERSONAL INFORMATION FORM

Legal Surname _____

Legal First Names _____

(Please provide a copy of birth certificate)

Middle Name _____

Name known by _____

Sex Male Female

Date of Birth _____

Address _____

Postcode _____

Parental Contact Numbers: Home Tel _____ Mobile Tel _____

Parental Email Address _____

Student Contact Numbers: Home Tel _____ Mobile Tel _____

Student Email Address _____

Present School _____ Form _____

Please list 4 subject you wish to study in preference order

1. _____

2. _____

3. _____

4. _____

CONTACT 1

Details of those people who should be contacted in case of an emergency in priority order. Please include any separated parent contact details if required.

Mr / Mrs / Miss / Ms

Surname

First Name

Relationship to student

Address (if different from student)

Home Telephone number

Mobile Telephone number

Contact Email

Does this contact have parental responsibility?

Yes No **CONTACT 2**

Mr / Mrs / Miss / Ms

Surname

First Name

Relationship to student

Address (if different from student)

Home Telephone number

Mobile Telephone number

Contact Email

Does this contact have parental responsibility?

Yes No **CONTACT 3**

Mr / Mrs / Miss / Ms

Surname

First Name

Relationship to student

Address (if different from student)

Home Telephone number

Mobile Telephone number

Contact Email

Does this contact have parental responsibility?

Yes No

MEDICAL INFORMATION QUESTIONNAIRE

Have you been diagnosed by a doctor with any of the following medical conditions. Please give as much detail including medication, such as Epi-pen, Insulin and inhalers. If you need more space to include details please send the information on a separate sheet. Any information provided will be treated in the strictest of confidence.

Heart trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Raised blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lung condition(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stomach problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Digestive problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Abdominal problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blood disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
History of epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fainting attacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual Impairments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bladder problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urinary problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Allergy to Foods (i.e. nuts/dairy produce etc.) Yes No

Other allergies (i.e. hayfever/medicine etc.) Yes No

Do you have an existing medical care or allergy management plan in place?* Yes No

*Please provide a copy

Are there any other medical conditions not listed you would like us to be aware of?* Yes No

Do you have any learning or physical disability that affects your day to day life?* Yes No

GP Surgery

Phone Number

Address

If you require medication to be administered during school hours we are happy to hold any medication in school such as Epi-pens, insulin and inhalers by prior arrangement. The school is not permitted to administer any medication (including inhalers) without the required consent form.

These medicines MUST be prescribed by a doctor, in date, in the original container with dosage instructions and dispensing label. Parents/Carers will need to complete and sign a Medication Administration form available on request from the School Office.

Schools hold information on students in order to run the education system. Information will be used to administer your progress through the education system and may be shared with the DFE, other schools and educational establishments to which you may progress, future and prospective employers, health and welfare practitioners and Youth Services. Youth Services are entitled by law to receive details of students' and parents' names and addresses, but often find additional information beneficial when dealing with students. If you do not wish additional data to be disclosed to Youth Services, then please ask your Parent/Carer to write to the Headteacher, otherwise we will assume we have consent to disclose additional relevant information.

PERSONAL STATEMENT

Please use this space to explain your reasons for applying for entry into our Sixth Form and why you wish to pursue your choice of courses. Include information on any school activities or hobbies. Please use additional sheet(s) of paper if required.

Lined writing area for the Personal Statement, containing 20 horizontal lines. A faint watermark logo is visible across the page.

ACCEPTANCE OF PLACE

Student Signature _____

I fully support my child's application for the Sixth Form at John Willmott School

Signed _____
(Parent/Carer)

Dated _____

Print Name _____

Please return this application form to Mrs Karen Steenton – Sixth Form Administrator
Either physically or by e-mail k.steenton@jws.bham.sch.uk

ETHNIC ORIGIN : Please tick one box which best describes your ethnicity group

White		White continued		Asian / Asian British		Black or Black British		Any Other Ethnicity Group	
British		Gypsy / Roma							
<input type="checkbox"/>	WENG English	<input type="checkbox"/>	WROG Gypsy	<input type="checkbox"/>	AIND Indian	<input type="checkbox"/>	BCRB Caribbean	<input type="checkbox"/>	OAFG Afghan
<input type="checkbox"/>	WSCO Scottish	<input type="checkbox"/>	WROR Roma	<input type="checkbox"/>	ABAN Bangladeshi			<input type="checkbox"/>	OARA Arab
<input type="checkbox"/>	WWEL Welsh	<input type="checkbox"/>	WROO Gypsy/Roma			Black African		<input type="checkbox"/>	OEGY Egyptian
<input type="checkbox"/>	WCOR Cornish		Other	Pakistani		<input type="checkbox"/>	BANN Angolan	<input type="checkbox"/>	OFIL Filipino
<input type="checkbox"/>	WIRI Irish			<input type="checkbox"/>	AMPK Mirpuri Pakistani	<input type="checkbox"/>	BCON Congolese	<input type="checkbox"/>	OIRN Iranian
<input type="checkbox"/>	WIRT Irish Traveller	Mixed Dual Background		<input type="checkbox"/>	AOPK Other Pakistani	<input type="checkbox"/>	BGHA Ghanian	<input type="checkbox"/>	OIRQ Iraqi
<input type="checkbox"/>	WOWB White Other British	<input type="checkbox"/>	MWBA White & Black African	<input type="checkbox"/>	AKPA Kashmiri Pakistani	<input type="checkbox"/>	BNGN Nigerian	<input type="checkbox"/>	OJPN Japanese
Any Other White Background		<input type="checkbox"/>	MWBC Black Caribbean	Any other Asian background		<input type="checkbox"/>	BSLN Sierra Leonian	<input type="checkbox"/>	OKOR Korean
<input type="checkbox"/>	WALB Albanian	<input type="checkbox"/>	MWAP White & Pakistan	<input type="checkbox"/>	AAFR African Asian	<input type="checkbox"/>	BSOM Somali	<input type="checkbox"/>	OKRD Kurdish
<input type="checkbox"/>	WSER Serbian	<input type="checkbox"/>	MWAI White & Indian	<input type="checkbox"/>	AKAO Kashmiri Other	<input type="checkbox"/>	BSUD Sudanese	<input type="checkbox"/>	OLEB Lebanese
<input type="checkbox"/>	WCRO Croatian	<input type="checkbox"/>	MWAO White & other Asian background	<input type="checkbox"/>	ANEP Nepali	<input type="checkbox"/>	BAOF Other Black African	<input type="checkbox"/>	OLIB Libyan
<input type="checkbox"/>	WGRK Greek			<input type="checkbox"/>	ASNL Sri Lankan Sinhalese	Any other Black background		<input type="checkbox"/>	OMAL Malay
<input type="checkbox"/>	WGRC Greek Cypriot			<input type="checkbox"/>	ASLT Sri Lankan Tamil	<input type="checkbox"/>	BEUR Black European	<input type="checkbox"/>	OMRC Moroccan
<input type="checkbox"/>	WGRE Greek /Greek Cypriot			<input type="checkbox"/>	ASRO Sri Lankan other	<input type="checkbox"/>	BOTB Black Other	<input type="checkbox"/>	OPOL Polynesian
<input type="checkbox"/>	WPOR Portuguese	Any Other Mixed Background		<input type="checkbox"/>	AOTA Asian Other	<input type="checkbox"/>	BNAM Black North American	<input type="checkbox"/>	OTHA Thai
<input type="checkbox"/>	WITA Italian	<input type="checkbox"/>	MAOE Asian Other					<input type="checkbox"/>	OYEM Yemeni
<input type="checkbox"/>	WKOS Kosovan	<input type="checkbox"/>	MABL Asian & Black					<input type="checkbox"/>	OLAM Latin/South/Central America
<input type="checkbox"/>	WTUK Turkish	<input type="checkbox"/>	MACH Asian & Chinese					<input type="checkbox"/>	OPEG Any Other
<input type="checkbox"/>	WTUC Turkish Cypriot	<input type="checkbox"/>	MBOE Black Other					<input type="checkbox"/>	
<input type="checkbox"/>	WTUR Turkish / Turkish Cypriot	<input type="checkbox"/>	MBCH Black & Chinese					<input type="checkbox"/>	
<input type="checkbox"/>	WEEC White Eastern European	<input type="checkbox"/>	MCOE Chinese Other					<input type="checkbox"/>	
<input type="checkbox"/>	WWEU White Western European	<input type="checkbox"/>	MWOE White Other					<input type="checkbox"/>	
<input type="checkbox"/>	WEUR White European	<input type="checkbox"/>	MWCH White Chinese					<input type="checkbox"/>	
<input type="checkbox"/>	WOTW White Other	<input type="checkbox"/>	MOTM Mixed Other					<input type="checkbox"/>	
<input type="checkbox"/>	WBOS Bosnian -Herzegovinian							<input type="checkbox"/>	
								<input type="checkbox"/>	REFU I do not want ethnic origin to be recorded

RELIGIOUS AFFILIATION				FIRST/HOME LANGUAGE													
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Refused	<input type="checkbox"/>	Albanian/Shquip	<input type="checkbox"/>	Croatian	<input type="checkbox"/>	Pahari (Pakistan)	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Any other
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No religion	<input type="checkbox"/>		<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Danish	<input type="checkbox"/>	Panjabi (Gurmukhi)	<input type="checkbox"/>	Tamil	<input type="checkbox"/>	(please specify)
<input type="checkbox"/>	Christian Roman Catholic	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Any other	<input type="checkbox"/>		<input type="checkbox"/>	Bengali	<input type="checkbox"/>	English	<input type="checkbox"/>	Panjabi (Other)	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	
				<input type="checkbox"/>	Chinese (Cantonese)	<input type="checkbox"/>	French	<input type="checkbox"/>	Chinese (Other)	<input type="checkbox"/>	German	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	
				<input type="checkbox"/>	Albanian/Shquip	<input type="checkbox"/>	Romanian	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Refused	<input type="checkbox"/>	