



Cardinal Wiseman  
Catholic Sixth Form Centre  
Part of the Romero Catholic Academy

# POST 16 ENROLMENT 2025-26

## Foundation Programme

### Route 2 Success Pathway

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NAME	
UPN	

**PLEASE COMPLETE AND RETURN TO MRS A. NOVSARKA**

**STUDENT DETAILS**

<b>Forename:</b>		<b>Middle name (s):</b>			
<b>Surname :</b>		<b>Date of Birth:</b>		<b>M/F</b>	

<b>Date arrived in UK:</b>	<b>Country of Birth:</b>	<b>Student Nationality:</b>	<b>Passport Number:</b>	<b>Visa:</b>

<b>Home Address:</b>				
<b>Post Code:</b>		<b>Home Tel No.</b>		
<b>Name of previous school:</b>		<b>Qualifications Studied with grades:</b>		
<b>Address of previous School:</b>				
<b>Starting Date:</b>				
<b>Leaving Date:</b>				

<b>Proficiency in English: For those students whose first Language is NOT English (please tick one box)</b>				
<b>New to English</b>	<b>Early Acquisition</b>	<b>Developing Competence</b>	<b>Competent</b>	<b>Fluent</b>

**Guardians Details**

<b>Guardian 1</b> <b>Circle the correct relationship to child:</b>	<b>FATHER/ STEP FATHER/ CARER/ OTHER</b>		
<b>Name:</b>	<b>Email:</b>		
<b>Address:</b>			
<b>Home Tel:</b>	<b>Work Tel:</b>	<b>Mobile:</b>	

Guardian 2 Circle the correct relationship to the child:		MOTHER/ STEP MOTHER/ CARER/ OTHER	
Name:		Email:	
Address:			
Home Tel:		Work Tel:	
		Mobile:	

Please tick the appropriate box:	Adopted		Parent in the armed forces	

**Emergency Contact:**

In an emergency it is important that we are able to contact a responsible adult quickly if parents are unavailable. Please provide us with **ALTERNATIVE NAMES AND DAYTIME NUMBERS** of emergency contacts in order of priority:

Does your child have any brothers or sisters at Cardinal Wiseman?			YES/NO
If YES please gives name(s) and form(s) he/ she/ they will be in this coming September.			
Name:		Form:	
Name:		Form:	
	NAME OF <b><u>ALTERNATIVE</u></b> CONTACT (NOT PARENT)	RELATIONSHIP TO CHILD/ FAMILY	DAYTIME TELEPHONE
1.			
2.			
3.			

DATA PROTECTION- <b>PRIVACY STTEMENT</b> received (please tick the box).	
FREE SCHOOL MEALS: Does your child receive free school meals	YES/ NO

## **MEDICAL INFORMATION**

<b>Name of Doctor:</b>		<b>Name of Surgery/ practice:</b>	
<b>Address of Surgery/ practice:</b>			
<b>Tel. No. of Doctor/ Surgery</b>			

<b>Does your child have any medical conditions(s)/ health issues that you think the school should be aware of? If so, please give details:</b>

<b>Is there any medication which needs to be taken regularly by your son/ daughter? If so, please give details:</b>

## **ETHNICITY, RELIGION & LANGUAGE**

<b>Ethnic Origin- please tick</b>									
Any other Asian Background		Bangladeshi		Gypsy/Roma		White British		White and Black African	
Any other Black Background		<u>Black African</u>		<u>Indian</u>		<u>White Irish</u>		Other ...	
Any other ethnic group		Black Caribbean		Pakistani		White and Asian			
Any other mixed background		Chinese		Traveller of Irish heritage		White and black African			

<b>Religion:</b> Please tick or other	<b>Roman Catholic</b>		<b>Parish</b>
	<b>Other</b>		<b>Please Specify:</b>

Home Language:				
Asylum Status: Please tick the appropriate box	Asylum Seeker		Refugee	

Mode of transport: please tick the appropriate box									
walk		cycle		car		Public transport		School bus	



# Cardinal Wiseman Catholic Sixth Form Centre

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## 6<sup>th</sup> Form Contract

STUDENT NAME \_\_\_\_\_

### Sixth Form students are required to:

- Attend **all** timetabled activities on time (including lessons, **all** enrichment activities, tutor time and assemblies).
- Spend the time when not on timetabled activities in the sixth form centre undertaking independent study, homework and revision.
- Stay on the school site throughout the school day, leaving only with permission from the sixth form leaders.
- Dress appropriately for the sixth form in accordance with the sixth form dress code.
- Wear ID at all times on the school site.
- Take responsibility for checking their exam timetable and arrive to all exams ten minutes prior to the start time.
- Take responsibility for informing us of any change of address or contact numbers.
- **To report your absence, call the school number on 02476 617231 and leave a message for sixth form absence by 9.00am that day or email Admin@cw.romeromac.com.**

I consent that any data regarding my attendance and academic progress may be shared as part of any reference requested by future employers or education providers. I also understand that this data may also be shared with my legal guardian.

### DECLARATION

**I AGREE TO THE ABOVE AND UNDERSTAND WHAT MY RESPONSIBILITIES ARE AS A SIXTH FORM STUDENT AT CARDINAL WISEMAN SCHOOL.**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I/We understand that the school will encourage all its students to strive for the highest standards both in their work and in their relations with other people. This will be accomplished within the framework of a Christian ethos.

I/We agree to support the school fully in its endeavors to achieve these aims.

I/We understand that all students attending Cardinal Wiseman Catholic School will be expected to actively participate in acts of collective worship.

Signed: ..... Date: .....  
(Parent/Guardian)