

# Questionnaire

## Have your say

We want to know what you think about Haringey's proposed admission arrangements for entry to school in 2022.

Please return forms to:

**The Admissions Service  
8th Floor, River Park House  
225 High Road  
Wood Green  
N22 8HQ**

You can also email your comments to [schooladmissions@haringey.gov.uk](mailto:schooladmissions@haringey.gov.uk)

All comments must be received by **5 January 2021**

## About You

Please tell us who you are (tick all that apply)

- Resident
- Parent
- Teacher
- Headteacher
- Governor
- Local Authority

Other (please specify)

**1) Proposed nursery admission arrangements**

Please use the space below to tell us what you think of our proposed nursery admission arrangements? (Please see pages 10-11)

**2) Proposed reception and junior admission arrangements**

Please use the space below to tell us what you think of our proposed reception and junior admission arrangements? (Please see pages 12-15)

**3) Proposed secondary admission arrangements**

Please use the space below to tell us what you think of our proposed secondary admission arrangements? (Please see pages 16-19)

**4) Proposed in-year admission arrangements**

Please use the space below to tell us what you think of our proposed in-year admission scheme?  
(Please see page 20)

**7) Proposed in-year fair access protocol**

Please use the space below to tell us what you think of our proposed in-year fair access protocol?  
(Please see pages 21-25)

**8) Proposed sixth form admission arrangements**

Please use the space below to tell us what you think of our proposed sixth form admission arrangements?  
(Please see page 26)

## Equal Opportunities Monitoring Form

The Public Sector Equality Duty does not expressly require the council to collect equality information. However, collecting, analysing and using the information helps us to see how our policies and activities are affecting various sections of our communities. In employment and service provision, it helps us to identify any existing inequalities and where new inequalities may be developing and take action to tackle them.

In addition to the nine "protected characteristics" (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Sex [formerly Gender], Race, Religion or Belief and Sexual Orientation) identified in the Equality Act 2010, we have added categories of Refugees and Asylum Seekers and Language in order to reflect the full diversity of Haringey.

We will be grateful if you could take a little time to complete and return this form. Please go through it and tick all the categories that most accurately describe you.

The information you provide on this form will be held in the strictest confidence and only be used for the purposes stated above.

### 1) Age? (Please tick one box).

- |                                |                                |                                |                                      |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-4   | <input type="checkbox"/> 5-7   | <input type="checkbox"/> 8-9   | <input type="checkbox"/> 10-11       | <input type="checkbox"/> 12-15 | <input type="checkbox"/> 16-17 |
| <input type="checkbox"/> 18-20 | <input type="checkbox"/> 21-24 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-44       | <input type="checkbox"/> 45-59 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 65-74 | <input type="checkbox"/> 75-84 | <input type="checkbox"/> 85-89 | <input type="checkbox"/> 90 and over |                                |                                |

### 2) Disability

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. Haringey Council accepts the social model of disability. However, in order to be able to identify and respond to your specific needs, it is important that we know what kind of disability you have.

#### Do you have any of the following conditions which have lasted or expected to last for at least 12 months?

- |  |   |
|--|---|
| <input type="checkbox"/> Deafness of partial loss of hearing | <input type="checkbox"/> Blindness or partial loss of sight |
| <input type="checkbox"/> Learning disability                 | <input type="checkbox"/> Developmental disorder             |
| <input type="checkbox"/> Mental ill health                   | <input type="checkbox"/> Long term illness or condition     |
| <input type="checkbox"/> Physical disability                 | <input type="checkbox"/> Other disabilities                 |
| <input type="checkbox"/> No disabilities                     |   |

### 3) Ethnicity (Please tick the box that best describes your ethnic group).

#### White

- British  
 Irish

#### Black or Black British

- African  
 Caribbean  
 Other (please specify):

**White Other**

- Greek/Greek Cypriot
- Turkish
- Turkish/Cypriot
- Kurdish
- Gypsy/Roma
- Irish Traveller
- Other (please specify):

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- East African Asian
- Other (please specify):

**Mixed**

- White and Black African
- White and Black Caribbean
- White and Asian
- Other (please specify):

**Chinese or Other Ethnic Group**

- Chinese
- Any other ethnic background (please specify):

4) **Sex** (Please tick the box that best describes you).

- Male
- Female

5) **Gender reassignment**

**Does your gender differ from your birth sex?**

- Yes
- No
- Prefer not to say

6) **Religion** (Please tick as appropriate).

- Christian
- Muslim
- Jewish
- Buddhist
- Hindu
- Sikh
- Rastafarian
- No Religion
- Other (please specify):
- Prefer not to say

7) **Sexual orientation** (Please tick the box that best describes your sexual orientation).

- Heterosexual                       Bisexual                       Gay  
 Lesbian                               Prefer not to say

8) **Pregnancy and maternity** (Please tick one box).

**Are you pregnant?**

- Yes                       No

**Have you had a baby in the last 12 months?**

- Yes                       No

9) **Marriage and Civil Partnership** (Please tick one box).

- Single                       Married                       Co-habiting                       Separated  
 Divorced                       Widowed                       In a same sex civil partnership

10) **Refugees and Asylum Seekers** Are you?

- A Refugee                                       An Asylum Seeker

What country or region are you a refugee/asylum seeker from?

11) **Language** (Please tick the box that best describes your language).

- Albanian                       Arabic                       English                       French  
 Lingala                       Somali                       Turkish

Other (please specify):

**Thank you for completing and returning this form**

**If you want this in your own language, please tick the box, fill in your name and address and send to the address below**

**Shqip**

**Albanian**

Nëse dëshironi ta keni këtë në gjuhën tuaj, ju lutemi vendosni shenjën ✓ në kuti, shënoni emrin dhe adresën tuaj dhe niseni me postë falas në adresën e mëposhtme.

**Español**

**Spanish**

Si quiere esto explicado en su propio idioma, por favor marque el casillero adecuado, ponga su nombre, apellidos y dirección y mándelo a la dirección indicada abajo.

**Polskie**

**Polish**

Aby otrzymać to w swoim języku, zaznacz pole, wpisz swoje nazwisko oraz adres i wyślij na adres poniżej.

**Tiếng Việt**

**Vietnamese**

Nếu muốn có tài liệu này bằng ngôn ngữ của quý vị, xin quý vị vui lòng đánh dấu vào ô hộp trống tương ứng, điền họ tên và địa chỉ của quý vị và gửi đến địa chỉ dưới đây.

**Soomaali**

**Somali**

Haddii aad qoraalkan ku rabto luuqadaada, fadlan sax mari sanduukha, kusoo buuxi magaca iyo ciwaankaaga, kuna soo dir boostada hoose ee lacag la'aanta ah.

**Türkçe**

**Turkish**

Bu kitapçığın Türkçesini istiyorsanız lütfen kutuyu işaretleyip, adınızı, soyadınızı ve adresinizi yazarak posta pulu yapıştırmadan aşağıdaki adrese gönderin.

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**Please indicate if you would like a copy of this letter in another language not listed or any of the following formats and send to the freepost address below.**

- |                    |                          |                      |                          |
|--------------------|--------------------------|----------------------|--------------------------|
| • Large print      | <input type="checkbox"/> | • On disk            | <input type="checkbox"/> |
| • On audio tape    | <input type="checkbox"/> | • Braille            | <input type="checkbox"/> |
| • Another language | <input type="checkbox"/> | <i>Please state:</i> | _____                    |

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Consultation, 5<sup>th</sup> Floor, River Park House,  
225 High Road, N22 8HQ**