

Ark Tindal Primary Academy

Pupil Application Form



Please complete all sections in BLOCK CAPITALS using black ink.

Pupil Personal Information			
Date:		Pupil's legal forename(s):	
Pupil's legal surname:		Preferred name:	
DOB:	Gender: M F	Home Languages:	Religion:
Country of birth:		Nationality:	Date arrived in UK:
Ethnicity (please tick):			
Arab/British Arab		East Asian	
Asian / Asian British		Gypsy/Traveller (Irish/Roma)	
Black Caribbean/Black British		White British	
Black African /Black African British		White European	
Any other Mixed Background		Any other (please state)	
Asylum Seeker: Yes No		Traveller: Yes No	
Previous schooling (including community schools attended):			
Length of time at school:		Reason for leaving:	
Parent/Carer Contact Information			
Name of parents/carers:		Main Address:	
Relationship of carer/carers to the pupil:			
Parental Responsibility:			
Home Telephone:			
Work Phone:		Mobile Phone:	
Occupation:		Email:	

Emergency Contacts

If you are unable to contact the person(s) with parental responsibility, please give **TWO** further adults emergency contacts to act on your behalf:

Title and Full Name		Parental Responsibility	Yes/No
Address		Home Telephone:	
		Mobile Telephone:	
		Work Phone:	

Title and Full Name		Parental Responsibility	Yes/No
Address		Home Phone:	
		Mobile Telephone:	

Siblings

Siblings not at Ark Tindal:

Siblings (at Ark Tindal)

Name	DOB	Class
Name	DOB	Class
Name	DOB	Class

Medical Details

Name of GP/Medical Centre:	Address and Telephone of GP/Medical Centre:
Details of allergies/medication etc.	Dietary restrictions:

Pupil's use of language: Please circle how proficient the child is within speaking, reading and writing in the language (*including English*)

Languages	Speaking proficiency	Reading proficiency	Writing proficiency
English	<i>None Little Fluent</i>	<i>None Little Fluent</i>	<i>None Little Fluent</i>
Own language	<i>None Little Fluent</i>	<i>None Little Fluent</i>	<i>None Little Fluent</i>
Other language (please state)			

Welfare Information					
Is your child in the care of the local authority?	Yes/No	Name of Local Authority			
Are you living in permanent or temporary accommodation?	Permanent		Temporary	Other	
Have there ever been any services involved with the family?			Yes	No	
If yes, are they currently involved?			Yes	No	
Give details:					
Is the child privately fostered? If yes, please give details:					
Pick Up <i>Who has permission to collect your child? Please list all names and their relationship to the child?</i>					
Special educational needs and disability					
Does your child have any Special Educational Needs or Disability? (Learning, disability, behaviour)?			Yes	No	
If yes, give details:					
Are there any agency/hospital/medical centre involvements with your child?			Yes	No	
If yes, give details:					
Travel Information					
<i>Please tick one method of transport that best describes the way the pupil will use to travel to/from the Academy.</i>					
Walk		Cycle		Car/van	
Bus		Taxi		Car share	
Lunch choices					
<i>Please tick which meal your child will normally have; parents may choose on a day-to-day basis whether they are having a school meal or sandwiches. Your child will be asked to indicate to the teacher what they will be having each day:</i>					
Free school meals (please complete separate application form)		Sandwiches		Paid school meal (paid for using the School Money online system; details will be sent in due course)	

Permission	
Outings: <i>During your child's schooling, we may organise small outings in the local area. Your child will be closely supervised during these events. Please note that a more formal written consent for further afield, day or longer or residential outings are required. Please tick to confirm whether you give permission for your child to attend small outings:</i>	
Yes	No
Photo/Video: <i>We may sometimes take photographs/videos of pupils. We use these in the school's prospectus, in marketing material, on social media, on the school's/Ark's website and on display boards around school. We would like your consent to take photos or video recordings of your child for the duration of your child's enrolment at this school and use them in the ways described above. If you are not happy for us to do this, we will accommodate your preferences.</i>	
I consent to the school/Ark Schools taking photos/videos of my child.	Yes No
I consent to the use of photos/videos of my child in internal displays.	Yes No
I consent to the use of photos/videos of my child on the school/Ark website, in social media feeds and in publications.	Yes No
I consent to the use of photos/videos of my child in marketing material.	Yes No
Support for parents and carers (please tick)	
Interpreter required at parent's meetings (if possible)	
Bilingual translations of school letters and leaflets would be helpful	
Language required:	
Contacts of local community groups are required	

DECLARATION BY PARENT/CARER

I CONFIRM THIS FORM WAS COMPLETED BY THE PARENT/CARAER AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE DETAILS GIVEN ABOVE ARE CORRECT.

In order to administer your child's progress through the education system, the information that we have on your child may be shared with the Department for Children, School and Families, Local Authority, Government organisations, other education establishments and also any health and welfare practitioners that the child may become associated with.

Signature Relationship

Print Name Date

For Office use only:	
Date form submitted:	
Returning pupil:	
Siblings in school:	
Referred by BCC/Court Order	
EAL	
SEND	
Proof of ID & address provided	