

ARK VICTORIA ACADEMY PUPIL INFORMATION FORM

Please complete all sections in BLOCK CAPITALS using black ink.
It is very important that we have all the of the following information; your **childs birth certificate**, your current **council tax bill** and a **utility bill** not more than 3 months old.

Incomplete forms will not be accepted

Pupil Personal Information

Pupils Legal First Name		Country of Birth	
Pupils Legal Surname		Nationality	
Date of Birth		Home Language <i>(Any other languages)</i>	
Gender	M or F	Ethnicity	
Religion		Date Arrived in UK	

Parent/Carer Contact Information

Parents/Carers Name		Address	
Relationship to Pupil			
Parental Responsibility			
Home Telephone		Work Telephone	
Mobile Telephone		E-Mail	

Emergency Contacts

Contact 1 Full Name		Contact 2 Full Name	
Relationship to Child		Relationship to Child	
Home Telephone		Home Telephone	
Mobile Telephone		Mobile Telephone	
Address		Address	
Contact 3 Full Name		Contact 4 Full Name	
Relationship to Child		Relationship to Child	
Home Telephone		Home Telephone	
Mobile Telephone		Mobile Telephone	
Address		Address	

Pupil Welfare Information

GP/Medical Centre Name		Address & telephone of GP/medical centre
Details of Allergies		Medication
Dietary Restrictions		
Does your child have any Special Educational Needs or Disability? (Learning, disability, behaviour)? Y/N	If yes give details	
Are there any agencies/hospital/medical centre involvements with your child? Y/N	If yes give details	
Is Your Child in The Care of The Local Authority Y/N	If yes give name of Local Authority	
Have There Ever Been Any Services Involved with The Family? Y/N	If yes give details	
If yes, are they currently involved? Y/N	If yes give details	
Has the child previously been 'Looked After' (in care)? Y/N	If yes give details	
Is there an Adoption Order in place Y/N	If yes provide copy	
Is there a Special Guardianship Order in place Y/N	If yes provide copy	
Is there a Child Arrangement Order in place Y/N	If yes provide copy	
Are you living in permanent or temporary accommodation?		
Is the child privately fostered? Y/N	If yes give details	
Traveller Y/N		
Asylum seeker Y/N		

Further Information

Previous schools			
Position in family	1 2 3 4 5 6 7 8 9		
Siblings at Ark Victoria			
Name	D. O. B	Class	

Permissions

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:

Yes		No	
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Pupil's Use of Language (including English)

Languages	Speaking (proficiency)		Reading (proficiency)	Writing (proficiency)
	Home	School		

Lunch Choices

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:

Free school meals		Paid school meal (As the Academy is a cashless organisation a Parentpay accounts will be setup and instructions shared)	
Sandwiches / Packed Lunch			

Travel Information

Please tick one method of transport that best describes the way the pupil will use to travel to/from the Academy.

Walk		Car	
Bus		Cycle	
Taxi		Car Share with Another Family	

Support for Parents and Carers (please tick)

Interpreter Required at Parent's Meetings	
Contacts of Local Community Groups Are Required	

DECLARATION BY PARENT/CARER

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE DETAILS GIVEN ABOVE ARE
CORRECT

Signature Relationship

Print Name Date

School Information Only

Ark Victoria Vision and Values		School meals information	
School timetable (opening and closing times)		Start date	
School Uniform information		Wrap around club information	
Attendance information		Tour of school	
Home School Agreement		Welcome letter	
School curriculum information		PE procedures	

Office Information Only

Starting date at Ark Victoria		Class / Year group	
Date form submitted		Siblings in school	Y or N
Proof of ID / address provided (original documents)	Y or N	Copies taken	Y or N
EAL	Y or N	Referred by BCC / Court order	Y or N
Returning pupil	Y or N	SEND	Y or N
Previous school contacted	Y or N	CTF received and uploaded	Y or N
FSM form received	Y or N	Ethnicity form received	Y or N
Medical form received	Y or N	Consent biometrics received	Y or N
Consent photo's received	Y or N		