

## 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; either your **childs birth certificate** or your **childs passport (if they have one) preferably 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

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

### Parent/Carer Contact Information

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

### Emergency Contacts

<b>Contact 1</b> Full Name		<b>Contact 2</b> Full Name	
Relationship to Child		Relationship to Child	
Home Telephone		Home Telephone	
Mobile Telephone		Mobile Telephone	
Address		Address	
<b>Contact 3</b> Full Name		<b>Contact 4</b> 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)? <b>Y/N</b>		If yes give details	
Are there any agencies/hospital/medical centre involvements with your child? <b>Y/N</b>		If yes give details	
Is Your Child in The Care of The Local Authority <b>Y/N</b>		If yes give name of Local Authority	
Have There Ever Been Any Services Involved with The Family? <b>Y/N</b>		If yes give details	
If yes, are they currently involved? <b>Y/N</b>		If yes give details	
Has the child previously been 'Looked After' (in care)? <b>Y/N</b>		If yes give details	
Is there an Adoption Order in place <b>Y/N</b>		If yes provide copy	
Is there a Special Guardianship Order in place <b>Y/N</b>		If yes provide copy	
Is there a Child Arrangement Order in place <b>Y/N</b>		If yes provide copy	
Are you living in permanent or temporary accommodation?			
Is the child privately fostered? <b>Y/N</b>		If yes give details	
Traveller <b>Y/N</b>			
Asylum seeker <b>Y/N</b>			

## 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:*

<b>Yes</b>		<b>No</b>	
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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:*

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

## Travel Information

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

<b>Walk</b>		<b>Car</b>		<b>Taxi</b>	
<b>Bus</b>		<b>Cycle</b>		<b>Shared vehicle</b>	

## Support for Parents and Carers (please tick)

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

## Have you been recommended to the school?

<b>Pupil Name</b>	<b>Form Group</b>	<b>Family Name</b>

### 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	<b>Y or N</b>
Proof of ID / address provided (original documents)	<b>Y or N</b>	Copies taken	<b>Y or N</b>
EAL	<b>Y or N</b>	Referred by BCC / Court order	<b>Y or N</b>
Returning pupil	<b>Y or N</b>	SEND	<b>Y or N</b>
Previous school contacted	<b>Y or N</b>	CTF received and uploaded	<b>Y or N</b>
FSM form received	<b>Y or N</b>	Ethnicity form received	<b>Y or N</b>
Medical form received	<b>Y or N</b>	Consent biometrics received	<b>Y or N</b>
Consent photo's received	<b>Y or N</b>		