



**APPLICATION FOR ADMISSION
ARK ACADEMY
NURSERY
SEPTEMBER 2018**

Apply for Children Born between 01st September 2014 and 31st August 2015

The information on this form is covered by the Data Protection Acts and will not be passed to any organisation unconnected with the educational needs of your child. You may view the information that we hold. The Council may check other sources of information in order to confirm details given on this form.

All forms must be returned to the school office. Please complete in block capitals and provide any documents requested on the application form.

Pupil Information

Forenames	Please underline the name by which the pupil is usually known			Office Use Only
Surname				
Date of Birth	____/____/____	Gender (M/F)		Birth Cert. Seen Yes No
Child's Current Permanent Address				Evidence Seen Yes No
	Borough			
Postcode		Telephone Number		In catchment Yes No
Year Group Applying For				
Session Required (AM/PM)				On same site Yes No

<p>Please list any brothers or sisters already at the school (This includes step and/or half brothers and sisters resident at the same address – but not cousins)</p>	Name	Date of Birth	Sibling connection	
			Yes	No

<p>Is the child in public care, i.e. 'looked after' by Brent or any other Local Authority? (If 'YES' the application must be made by the person with parental responsibility and/or a social worker)</p>		Looked After
		Yes No

Are there significant medical, social or special educational needs which you would like taken into account?		Special Needs Yes No	
All applications made under this criterion must be supported by a recommendation in writing from a recognised professional of senior status.			
Parent/Guardian's Information			
Mother's Name		Father's Name	
Address (including full postcode)		Address (including full postcode)	
Daytime Tel:		Daytime Tel:	
Mobile Number:		Mobile Number:	
Email Address:		Email Address:	

Before returning the forms to the school please tick that you have:

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| Answered every question in full | <input type="checkbox"/> | Included a copy of your child's birth certificate | <input type="checkbox"/> |
| Included evidence of your address | <input type="checkbox"/> | included any evidence of special needs, where appropriate | <input type="checkbox"/> |
| Signed the declaration | <input type="checkbox"/> | | |

All forms must be returned to the school office or can be emailed to Mrs Boyle – Admissions Co-ordinator – c.boyle@arkacademy.org

Where there are more applications than places available they will be offered in accordance with the oversubscription criteria.

DECLARATION

I hereby declare that to the best of my knowledge and belief the details I have given above are correct and I agree to notify the school in writing of any changes that arise. I understand that withholding information and/or giving false information could invalidate any subsequent offer of a place for my child. I give my permission for the Council/School to make any necessary checks to confirm information given that is relevant to the success of my application.

Signed _____ (Parent/Guardian) Date _____

Relationship to child _____

OFFICE USE ONLY	
Criterion Met	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Offer Made	Yes <input type="checkbox"/> No <input type="checkbox"/> Signed _____ Date _____
Date Acceptance Received	_____

Please return application form with ORIGINAL documentation to the Academy office by 15th January 2018