

Ark Soane Admissions Form 2021

Please complete one form for each child

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| Child first and middle names | |
| Child surname | |
| Date of birth | |
| Gender | |
| Address (main residence) | |
| Postcode | |
| Current primary school | |
| Parent/carer full name | |
| Telephone number | |
| Email address | |
| Address (if different from child's) | |
| Are you moving house? If yes, what is your new address | |
| New postcode | |
| What date are you moving? | |
| Is your child looked after by a Local Authority or have they previously been a looked after child? | |
| If yes, which Local Authority has responsibility | |
| Does your child have an Education, Health and Care Plan (EHCP) | |
| If yes, with which Local Authority: | |
| Parent/Carer Name: | |

We will also require you to provide a copy of your recent utility bill/council tax/ driving licence/ bank statement as a proof of address.

CONSENT

I understand that the information provided on this form will be confidentially held by Ark Soane Academy.

I agree to receiving information by email or paper from Ark Soane Academy that relates to the school and admissions process.

Please tick this box to confirm that you have read and agree with the above consent statement.