

Pupil Registration Form

Please complete this form: (a) to register prospective pupils or (b) to ensure that we hold up-to-date records for our current pupils.

Pupil Details	
Surname	
First name(s)	
Known as	
Date of birth	
Nationality	
Main language spoken at home	
What other language(s), if any, are spoken at home	
Name(s) and age(s) of any siblings	



Parent Details	Parent A	Parent B
Title		
First name(s)		
Surname		
Occupation		
Nationality		
Relationship to pupil		
Permanent address		
Telephone (home)		
Telephone (mobile)		
Telephone (work)		
Email		
Previous address for the past five years		
If parents are separated, who has legal custody of the child?		
To whom should correspondence be sent?		
If neither parent is residen	t on Sark, please provide gua sheet.	rdian details on a seperate



Education History	
Name of previous school	
School address	
School telephone	
School email	
We will contact the so	chool to request school reports and appropriate records.

Extra	curriculai	r Activities
LACIG	ourriouru	

(Please give an outline of your child's hobbies, interests or skills and, if applicable, include grades achieved.)

Personal Circumstances

(Please give an outline of any circumstances relating to your child that Sark School should be aware of and enclose any copies of any relevant reports, e.g. ADHD, allergies, Asperger's syndrome, autism, dyslexia, dyspraxia, hearing impairment, visual impairment.)



Emergency Contact Details

If we need to contact you urgently whilst your child is at school and we cannot reach either parent, we need to know whom to contact in an emergency.

	Emergency Contact 1	Emergency Contact 2
Title		
First name(s)		
Surname		
Relationship to pupil		
Telephone (home)		
Telephone (mobile)		
Telephone (work)		
Email		

Pick up

In addition to the parent(s) and emergency contact details listed on this form, please provide the names of people who you authorise to collect your child from school. Other than parents, children will **only** be released to the names listed on this form with daily parental consent.



Declaration

We request that the child named on this form be registered as a pupil at Sark School.

We understand that:

- Sark School may process personal data about my/our child, including sensitive
 personal data such as medical details, for the purpose of administering its list
 of pupils and we consent to the processing of our child's personal data for
 these purposes;
- We understand that our child is bound by the rules and policies of Sark School.

Parent A Signature	
Name in full	
Date	
Parent B Signature	
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Name in full	
Date	
<u> </u>	
Proposed start date (new pupils only)	
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Office Use	
Date received	
Staff initials	

