



SARK SCHOOL

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 | |



SARK SCHOOL

| 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 resident on Sark, please provide guardian details on a seperate sheet. | | |



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

| Extracurricular Activities |
|--|
| <i>(Please give an outline of your child's hobbies, interests or skills and, if applicable , include grades achieved.)</i> |
| |

| Personal Circumstances |
|--|
| <i>(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.)</i> |
| |



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.

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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 | |
| Name in full | |
| Date | |

| | |
|--|--|
| Proposed start date <i>(new pupils only)</i> | |
|--|--|

| | |
|--|--|
| Office Use | |
| Date received | |
| Staff initials | |
| Birth certificate seen <i>(new pupils only)</i> | |