ARNOLD ACADEMY

Hexton Road, Barton-le-Clay, Bedford, MK45 4JZ Tel: 01582 616400
Email: admin@aa.pstrust.co.uk Website: www.arnoldacademy.org.uk
Headteacher: Peter Roberts

'The best we can be in all that we do'

In Year School Admission Application Form

You must provide proof of your child's date of birth and proof of your address with your application.
The processing of your application will be delayed if you fail to submit the relevant evidence

Child's Details

Child's Surname: _____

Child's First Name(s): _____

Date of Birth: __ / __ / _____

Gender: ☐ Male ☐ Female

Current School: _____ **Date Admitted:** _____

Reason for Application:

- ☐ Moving into Central Bedfordshire
- ☐ Moving to another address within Central Bedfordshire
- ☐ Not moving address but wishing to change schools

Year Group Preference

Please indicate which year group you would like a place in and when you would like the place to start.

Year group requested: _____

Preferred start date: _____

A member of The Pyramid Schools Trust
A company limited by guarantee,
registered in England and Wales,
company number 7668955
Registered Office: Harlington Upper School,
Goswell End Road, Harlington,
Bedfordshire, LU5 6NX

Address Details
Current Address

Postcode: _____

New Address (if applicable)

Postcode: _____

Date of Move: _____

Parent/Carer Details
1st Parent/Carer

Title: Ms / Mr / Mrs / Miss / Dr / Other _____
Forename: _____
Surname: _____
Relationship to Child: _____
Home Tel: _____
Mobile Tel: _____
Email Address: _____

2nd Parent/Carer (if applicable)
Title: Ms / Mr / Mrs / Miss / Dr / Other _____
Forename: _____
Surname: _____
Relationship to Child: _____
Home Tel: _____
Mobile Tel: _____
Email Address: _____
Address (if different from child): _____

Sibling Details

If you have another child attending Arnold Academy:
Sibling Name: _____
Date of Birth: __ / __ / _____
Address (if different from sibling): _____

Additional Information

Does your child have an EHCP or Statement of SEN? ☐ Yes ☐ No
Is this application for a 'looked after' or previously 'looked after' child? ☐ Yes ☐ No
(If yes, provide confirmation from the relevant Local Authority.)
Does your child have a 'very exceptional' medical reason for priority admission? ☐ Yes ☐ No
Has your child been excluded (including fixed-term)? ☐ Yes ☐ No

If yes, please give details:

Is your child known to any other agencies (Police, Social Services, etc.)? ☐ Yes ☐ No
If yes, please give details:

Are you moving from abroad to the UK? ☐ Yes ☐ No
(If yes, include relevant passport and visa pages.)

Additional Supporting Information

Use this space for any further details:

Declaration

I/We, having parental responsibility for the named child, declare that the information provided is correct and complete. I/We understand that incorrect information may lead to withdrawal of an offered school place.
Name(s): _____
Signature(s): _____
Date: _____

Submission Details

Send completed applications to:
School Admissions, Arnold Academy, Hexton Road, Barton-le-Clay, MK45 4JZ
Contact: 01582 616400
Email: admin@aa.pstrust.co.uk