

The ENGLISH Academy  
New Pupil Registration Enquiry 2024-25

REF		Date Enquired (DD/MM/YY)	/	/	Siblings Applying
Student's First Name		Parent's Name			
Student's Family Name		Nationality			
Date of Birth (DD/MM/YY)		Gender (circle 1)		Male	/ Female
Current Year		Parent's Mobile			
Year Going to		Key Stage Going to		Parent's Email	
Current School		Parent's Signature			
Is there any medical information we should be aware of?					
Siblings at TEA (circle 1)			YES	NO	Sibling Ref
If yes, provide details:					
Name			Current Year		
Other Siblings Applying (circle 1): YES NO					
If yes, provide details:					
Name			Year (Going to)		

Report Received		Test Interview Fee Paid	
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Enquired By (Circle 1)	Tel	Visit	Email	Other (specify) _____
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How did they hear about TEA?	Friend	Family	Website	Directory	Other (Specify) _____
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Recommended to be Accepted by	Circle 1	Set	Staff Code	Signature
English Department	Yes No			
Maths Department	Yes No			

**Please leave comments on reverse**

<input type="checkbox"/>	RECOMMENDED to be accepted for admittance to Year: _____	Staff Code
<input type="checkbox"/>	NOT Recommended for admittance.	

Principal's Signature	<input type="checkbox"/> ACCEPTED for admittance to year: _____
Date (DD/MM/YY)	<input type="checkbox"/> NOT accepted
Comments	

Please enclose:

**Comments: ( to be filled by the admission team)**

Large empty rectangular box for comments.

**Staff:** \_\_\_\_\_

**For EYFS**

**For KS1**

**For KS2**

**For SECONDARY**