

## ETIA Academy Enrolment Form

Please send the completed Enrolment Form to [info@etiaacademy.co.uk](mailto:info@etiaacademy.co.uk)

### Student Information

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>Preferred Name</b>	
<b>Date of Birth (DD/MM/YYYY)</b>	<b>Age:</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to disclose

### Residential Address

<b>Street Address</b>	
<b>City</b>	
<b>County/ State/Province</b>	
<b>Postal/Zip Code</b>	
<b>Country</b>	
<b>Time Zone</b> (used to set on the learning platform)	

**Student Contact Information: (This email address will be used to create the student's login for the learning platform)**

<b>Email Address</b>	
<b>Primary Phone Number (optional)</b>	

**Desired Start Date for Enrolment:**

<b>Enter Proposed Start Date:</b> <b>DD/MM/YYYY)</b>	
<b>Select Desired Key Stage:</b>	<input type="checkbox"/> KS1 <input type="checkbox"/> LKS2 <input type="checkbox"/> UKS2

## Academic Information: Current/ Most recent School Information

<b>Name of Current School</b>		
<b>School Address</b>  (Street, City, State, Postal Code)		
<b>Current Grade Level (UK School Year)</b> Current Schooling Situation: <input type="checkbox"/> Currently enrolled in a school <input type="checkbox"/> Homeschooled <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Reception <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 6	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 5
<b>Does your child have any learning difficulties/ special educational needs or special requirements?</b>	<p><i>(Please select all that apply)</i></p> <p><input type="checkbox"/> No – my child does not have any identified learning difficulties or special requirements.</p> <p><input type="checkbox"/> No – but we are currently monitoring some areas of concern.</p> <p><input type="checkbox"/> Not sure – my child is undergoing assessment.</p> <p><input type="checkbox"/> Yes – my child has a diagnosed learning difficulty (e.g. dyslexia, dyscalculia).</p> <p><input type="checkbox"/> Yes – my child has autism spectrum disorder (ASD).</p> <p><input type="checkbox"/> Yes – my child has attention difficulties (e.g. ADHD).</p> <p><input type="checkbox"/> Yes – my child has speech and language difficulties.</p> <p><input type="checkbox"/> Yes – my child has sensory processing difficulties.</p> <p><input type="checkbox"/> Yes – my child has a hearing impairment.</p> <p><input type="checkbox"/> Yes – my child has a visual impairment.</p> <p><input type="checkbox"/> Yes – my child has a physical disability.</p> <p><input type="checkbox"/> Yes – my child has an Education, Health and Care Plan (EHCP).</p> <p><input type="checkbox"/> Yes – my child requires extra time or support during assessments.</p> <p><input type="checkbox"/> Yes – my child requires emotional or mental health support (e.g. anxiety).</p> <p><input type="checkbox"/> Yes – my child has dietary requirements or medical needs.</p> <p><input type="checkbox"/> Other (please specify):</p>	

### Parent/Guardian Information

#### Primary Contact Information for Parent/Guardian:

<b>Full Name</b>		
<b>Relationship to the Student</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Step-parent <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
<b>Email Address</b>		
<b>Primary Phone Number</b>		
<b>Alternative Phone Number</b>		

#### Contact Information for Parent/Guardian:

<b>Full Name</b>		
<b>Relationship to the Student</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Step-parent <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
<b>Email Address</b>		
<b>Primary Phone Number</b>		
<b>Alternative Phone Number</b>		

#### Signature:

By typing my name below, I confirm that all information provided in this application is accurate and truthful to the best of my knowledge. I understand that any false statements may affect the enrolment process.

<b>Parent/Guardian Signature</b>	
<b>Date:</b>	
<b>Parent/Guardian Signature</b>	
<b>Date:</b>	

Please send the completed Enrolment Form to [info@etiaacademy.co.uk](mailto:info@etiaacademy.co.uk)

Thank you for choosing ETIA Academy for your educational journey! We look forward to welcoming you and supporting your academic pursuits. Should you have any questions or require assistance during the application process, please reach out to our admissions.

# ETIA Academy Parent Questionnaire

*Helping us tailor the best learning experience for your child*

Thank you for your interest in ETIA Academy! To ensure we provide the most efficient, supportive, and personalised education for your child, we'd love to hear more about your expectations and what you're hoping to achieve with us.

Please take a few minutes to answer the questions below:

## About Your Child

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

## Your Goals and Expectations

**1. What are your main reasons for considering ETIA Academy? (You can tick more than one)**

- ☐ Flexible learning at home
- ☐ Small group sizes or 1:1 attention
- ☐ Personalised learning pace
- ☐ Support for special educational needs
- ☐ Reduced school-related anxiety
- ☐ Focus on specific subjects (please specify): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**2. What are your top 3 hopes or goals for your child's learning journey at ETIA Academy?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**3. Are there particular challenges or barriers your child has faced in other learning environments that we should be aware of?**

- ☐ Yes → Please describe: \_\_\_\_\_
- ☐ No

## ☐ Learning Needs and Support

**4. Does your child have any special educational needs, diagnoses, or learning preferences we should know about (e.g., Autism, ADHD, dyslexia, sensory sensitivities, need for movement breaks, etc.)?**

- ☐ Yes → Please provide details: \_\_\_\_\_
- ☐ No

5. Are there specific teaching approaches you feel work best for your child? (e.g., hands-on activities, visual aids, step-by-step instructions, regular feedback, etc.)

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6. How does your child best engage with learning? (Select any that apply)

- ☐ Through games or interactive activities
- ☐ Through structured lessons and routines
- ☐ With lots of movement and flexibility
- ☐ With visuals, diagrams, or pictures
- ☐ With plenty of praise and encouragement
- ☐ Other: \_\_\_\_\_

### Communication and Support Preferences

7. How would you like to stay informed about your child's progress?

- ☐ Regular emails or messages
- ☐ Scheduled check-in calls or video chats
- ☐ Written progress reports
- ☐ Other: \_\_\_\_\_

8. Is there anything specific you expect from the ETIA Academy team to help make this a successful partnership?

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9. Do you have any other comments, questions, or concerns you'd like to share?

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✧ *Thank you for taking the time to complete this questionnaire!* ✧

Your answers will help us understand your child's needs and make sure we're offering the best support possible.

**Please return this completed form to [info@etiaacademy.co.uk](mailto:info@etiaacademy.co.uk).**

We look forward to welcoming you and your child into the ETIA Academy community!