



PARENTAL DETAILS & STUDENT REGISTRATION FORM

Please fill out this form and return it to your child's school as soon as possible.

Pupil Information			
Forename:		Surname:	
Middle Names:		Date of Birth:	
Gender:		Telephone:	
Home Address:			
		Post Code:	
Chosen Forename:			

Language (if English is not the first language):	
Religion:	
Ethnic Origin:	

Will your child stay in school for meals?	Free/Universal Free School Meal/Paid/ Packed Lunch/ No
Any Dietary Requirements?	

Parent or Carers Details

Title:		Forename:		Surname:		Gender:	M/F
Address:							
				Post Code:			
Tel Home:		Tel Mobile:		Tel Work:			
Email:							
Relationship:	Mother/Father/Stepparent/Other (state)					Parental Responsibility:	Yes/No
Parent Disability:	Yes/No						
Preferred Method of Communication:							

Title:		Forename:		Surname:		Gender:	M/F
Address:							
				Post Code:			
Tel Home:		Tel Mobile:		Tel Work:			
Email:							
Relationship:	Mother/Father/Stepparent/Other (state)					Parental Responsibility:	Yes/No
Parent Disability:	Yes/No						
Preferred Method of Communication:							

Additional Contacts (if the parent or carer is unavailable)

Title:		Forename:		Surname:		Gender:	M/F
Address:							
Tel Home:		Tel Mobile:		Tel Work:			
Email:							
Relationship:	Mother/Father/Grandparent/Other (state)					Parental Responsibility:	Yes/No
Disability:	Yes/No						

Title:		Forename:		Surname:		Gender:	M/F
Address:							
Tel Home:		Tel Mobile:		Tel Work:			
Email:							
Relationship:	Mother/Father/Grandparent/Other					Parental Responsibility:	Yes/No
Disability:	Yes/No						

School or Nursery History

Previous School or Nursery Attended:	
Between Dates:	&

Medical Information	
Doctor/GP Name:	
Surgery Address:	
Telephone:	
Emergency Consent: (Delete as necessary)	I do/do not give consent for the school to act in 'loco parentis' if I am unable to be contacted in an emergency.
Medical Conditions (please state):	

Image Consent	
Do you give permission for your child's photograph or video image to be used by the school in displays, promotional or media work?	Yes/No

Any Additional Support Needs (see registration form checklist for schools)

In order to provide the best level of support for your child within school, is there anything else you would wish to disclose? All information will remain confidential. Please tick (✓) all as appropriate and give detail when requested.

Additional support needs:		Is your child involved in any 'out of school' activities?	
Statement of Special Educational Needs	<input type="checkbox"/>	Sporting Clubs	<input type="checkbox"/>
Looked After Child	<input type="checkbox"/>	Activity Clubs	<input type="checkbox"/>
Learning Support	<input type="checkbox"/>	Faith Groups	<input type="checkbox"/>
Attendance Support	<input type="checkbox"/>	Drama/Entertainment Groups	<input type="checkbox"/>
Sibling with Additional Needs	<input type="checkbox"/>	Part-Time Work	<input type="checkbox"/>
Young Carer	<input type="checkbox"/>	Voluntary Work	<input type="checkbox"/>
Health Support	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Religious Observance	<input type="checkbox"/>	_____	
Private Fostering Arrangement	<input type="checkbox"/>		
Child of Service Personnel	<input type="checkbox"/>	Which Service? (Please state)	
Other (please state)	<input type="checkbox"/>	_____	

Data Protection:

In order to comply with the 1998 Data Protection legislation, you are informed that the data supplied by you, or your child, in relation to your involvement with this school, both now and in the future, will be processed in confidence. The information you provide will be used for the purposes of maintaining accurate records with regard to registration and contact details. Also statistical information required by other education bodies such as a new school, Local Authority, OFSTED, and the DfE.

In order to provide effective educational services and to ensure the accuracy of the information supplied, we may share this information with other bodies, in particular, the Local Authority and Health Authority and DfE. If you have any queries about the processing of your data or would like to know what information we hold about you, please contact the Headteacher.

N.B. If requesting a copy of your data file, you should make your application in writing in accordance with the guidance available from the school and a fee is payable.

Signature: _____	Print Name: _____
Date: _____	Relationship to Child: _____

Does the person completing and signing this form have parental responsibility? (Please tick ✓)

Yes No