

**PUPIL REGISTRATION FORM – Sept 2020**

**CONFIDENTIAL** **PERSONAL DETAILS FOR YOUR CHILD**

 **Childs’ Name: ………………………………………………**

***Please find all information pertaining to this Pupil Registration Form, IT consent form and Biometric consent form in the attached booklet, which should be retained for your information***

**Birth Certificate:**

Please could you provide school with a copy of your child’s birth certificate (or a copy of your adoption certificate details where the original birth certificate is no longer relevant). This is simply to ensure that the correct legal name and ate of birth is on the school’s database. If you wish, we can take a copy of your original certificate, just ask at reception. This is a request not a legal obligation. If you want your child to be “known as” another name, please fill in tab 3. However, please note that the “known as” name cannot be used on certain aspects of our school system or on legal documents such as exam certificates.

***PLEASE NOTE DUE TO THE CURRENT SITUATION YOU CAN PROVIDE A COPY IN SETEMBER***

**Adopted from Care:**

You may be aware that children adopted from care on or after **30 December 2005**, as well as those who left care under a special guardianship order or residence order (now known as a child arrangements order) attract a significant sum of additional funding to schools to be used to help support your child's academic progress and attainment.

If this is applicable to your child, we would be grateful if you could indicate (*with a tick*) which category below he/she falls into. It should be emphasised that the offering of this information is purely voluntary, and parents are under no obligation to do so. If ticked we would ask for supporting paperwork, by way of a photocopy of the adoption order. Please feel free to block out any sensitive information e.g birth parents if you do not wish this to be revealed to the school.

Many thanks for your assistance with this information. Should this apply to you we would be grateful if you could tick below and return any supporting paperwork along with this registration form.

……………………………………………………………………………………………………………………………..

I confirm that my child is adopted, and I have ticked the relevant box **and** provided a copy of the adoption order.

|  |  |
| --- | --- |
|  | Ceased to be looked after through adoption |
|  | Ceased to be looked after through a Special Guardianship Order (SGO) |
|  | Ceased to be looked after through a Residence Order (RO) |
|  | Ceased to be looked after through a Child Arrangement Order (CAO) |
|  | Supporting Paperwork is provided **Yes** 🖵  **No** 🖵 |

**For Office Use Only:**

|  |  |  |
| --- | --- | --- |
| Date Received: |  |  |
| Date entered on SIMS |  |  |
| Birth Certificate |  |  |
| LAC |  |  |
| FSM |  |  |
| Admission No: |  |  |

**Please print all details clearly**

|  |  |  |
| --- | --- | --- |
| 1. | Your child’s Legal Surname |  |
| 2. | Your child’s Legal Forename(s) |  |
| 3. | Your child’s “known as” Surname *only complete if this is different from 1 above.*  |  |
| 4. | Your child’s preferred forename  |  |
| 5. | Your child’s date of birth (DDMMYYY) |

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| 6. | Your child’s gender |  Male 🞎 Female 🞎 |
| 7. | Your child’s full address | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 8. | Postcode (**please print**) NB: this must match that on the Post Office website as the correct postcode is important. Insert a space where necessary (e.g. SY22 5JH) |

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For most pupils your contacts will be placed automatically as Mother - Priority 1, Father - Priority 2,

to enable our message alert system. Please mark clearly if you wish to change these priorities.

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| --- | --- |
|  | **CHILD’S PARENT/CARER DETAILS - Priority 1** This should be the Parent/Carer with whom your child resides for the majority of the week. If parents are separated but both have contact please provide full details **Priority 1 contact will be used for message alerts.** |
|  9. | Relationship to child |  |
| 10. | Title & Surname |  |
| 11. | First name |  |
| 12. | Full address(*only if different from No. 7)* | ……………………………………………………….…………………………………………………………………….……………………………………………………………….……………………………………………………………….… |
| 13. | Postcode (*see note in 8 above*) |

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| 14. | Mobile telephone numberThis number will be used for text messaging |  |
| 15. | Work telephone number |  |
| 16. | Home phone number  |  |
| 17. | Email address (we will not divulge to any third party). Please print this in capital letters  | Home:………………………………………………………….Work: ………………………………………………………… |

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|  | **CHILD’S PARENT/CARER DETAILS – Priority 2**  |
| 18. | Relationship to child |  |
| 19. | Title & Surname  |  |
| 20. | First name |  |
| 21. | Full address (*only* *if different from No. 7*) | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 23. | Postcode *(see note in 8 above)* |

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| 24. | Mobile telephone number |    |
| 25. | Work telephone number |  |
| 26. | Home phone number  |  |
| 27. | Email address  | Home:………………………………………………………….Work: ………………………………………………………… |
| 28. | Are either Parent/Carer a member of the armed forces? Please tick Yes or No. (Your classification will be either PStat Cat 1 or 2; please note this only refers to regular forces and not the territorial’s.) | Parent/Carer 1: Yes 🖵 No 🖵Parent/Carer 2: Yes 🖵 No 🖵 |  |
|  | **In case we cannot reach either Parent/Guardian please provide an emergency contact who can act for you** |
|  | **Priority 3 - Emergency Contact**  |
| 29. | Relationship to child |  |
| 30. | First name |  |
| 31. | Title & Surname |  |
| 32. | Full address  | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 33. | Postcode *(see note in 8 above)* |

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| 34. | Home telephone number |  |
| 35. | Work telephone number |  |
| 36. | Mobile phone number  |  |

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| --- | --- |
|  | **Priority 4 - Emergency Contact**  |
| 37. | Relationship to child |  |
| 38. | First name |  |
| 39. | Title & Surname |  |
| 40. | Full address  | ……………………………………………………………………………………………………………………………………………………………………………… |
| 41. | Postcode *(see note in 8 above)* |

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| 42. | Home telephone number |  |
| 43. | Work telephone number |  |
| 44. | Mobile phone number  |  |
|  |  |  |
| 45. | Is your child currently in receipt of Free School Meals *(please tick)* |  **Yes No** *If you are out of area and receive FSM you will need to make an application to Shropshire County – please ask for an application form* |
| 46. | Does your child have any **medical condition** (including asthma\* or allergies) that we need to be aware of? If so, please provide full details including any medication that is being taken orally or by injection. | …………………………………………………………..….…………………………………………………………..….…………………………………………………………..….…………………………………………………………..….…………………………………………………………..….………………………………………………………..…….*\* If your child has asthma please tick under the Parental Consents for use  of an emergency inhaler if personal inhaler has been forgotten* |
| 47. | Please give the name of your child’s **Medical Practice** ***NOT*** *your doctor’s name*  | **Name of Medical Practice**: ……….…………………………………………….…………Phone No: ……………………………..……..……….……. |
| 48. | **Consent for Emergency Medical Assistance**(If you circle ‘No’, please let the school have details as to what you would not allow under this consent). |   Yes No  |

**Ethnic/Cultural**

On the next couple of pages, we ask you about your child’s Ethnicity, Religion, Mother Tongue and language and how your child normally travels to school. We know that some parents/guardians are concerned about identity theft but rest assured that whenever we do transfer any information to other parties it is done through totally secure networks. You have every right to refuse to give any of the following information. However, if you complete each section, it may result in additional resources for the authority and the school. In relation to the mode of travel please be honest about this and where, for example, part of the journey is by car and part, say, is walking, please list the mode of transport used for the majority of the journey to school. This information can be used to great advantage for us when working on School Travel Plan and with Shirehall colleagues in obtaining funding for Safer Routes to School.

**(A) Ethnicity (based on the Census ethnic categories)**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. ***Ethnic background is not the same as nationality or country of birth.*** Please study the list below and tick one box only to indicate the ethnic background of your child.

**White**

* English **🖵**
* Scottish **🖵**
* Welsh **🖵**
* Cornish **🖵**
* White Eastern European\* **🖵**
* White Western European\*\* **🖵**
* Other White British **🖵**
* Irish **🖵**
* Traveller of Irish Heritage **🖵**
* Gypsy/Roma **🖵**

 ♦ Any other White background **🖵**

**Mixed**

 ♦ White and Black Caribbean **🖵**

 ♦ White and Black African **🖵**

 ♦ White and Asian **🖵**

 ♦ Any other mixed background **🖵**

**Asian or Asian British**

 ♦ Indian **🖵**

 ♦ Pakistani **🖵**

 ♦ Bangladeshi **🖵**

 ♦ Any other Asian background **🖵**

**Black or Black British**

 ♦ Caribbean **🖵**

 ♦ African **🖵**

 ♦ Any other Black background **🖵**

**Chinese**  **🖵**

**Any other ethnic background** **🖵**

**I DO NOT** wish to give this information **🖵**

**\*** White Eastern European includes those from Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Serbia & Montenegro, Slovak, Slovenia and Ukraine. \*\* White Western European includes those from Austria, Belgium, Denmark, Finland, France, Germany, Holland, Italy, Luxembourg, Malta, Norway, Portugal, Spain, Sweden and Switzerland.

**(B) First Language**

“Mother tongue” or first language is the language to which your child was initially exposed during early development and continues to use this language in the home or the community. If a child acquired English, subsequent to early development, English cannot be denoted as their mother tongue no matter how proficient they have become. On this basis, please would you tick the appropriate box for what you therefore consider to be your child’s mother tongue:

 **1.** English **🖵**

 **2.** Other than English **🖵**

 **(2a)** *If you ticked 2 above, please would you tell us the most appropriate language you regard as your
 child’s first language? (If we are unable to find this on our extensive listing of languages we may contact
 you for further clarification).*

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 **3.** I DO NOT wish to give this information **🖵**

**(C)** **Home Language**

 Please state your child’s home language, which is mostly used in the home or in the community:

 **.............................................................................................................................................................................**

**(G) Please would you let us have your family’s religion by ticking one box below?**

 Christian **🖵** Anglican 🖵 Baptist 🖵 Methodist 🖵

 Catholic 🖵 Hindu **🖵** Jewish **🖵** Muslim **🖵**

 Sikh **🖵** Buddhist **🖵** No Religion **🖵** Other Religion **🖵**

 **I DO NOT** wish to give this information **🖵**

**Mode of travel to school**

**Please tick the predominant mode of travel for your child – please tick ONE box only:**

1. Bus – type not known **🖵 BNK** 6. Public Service Bus \* **🖵 PSB**

*(see 5 or 6 as alternatives)*

2. Car or Van **🖵 CAR** 7. Taxi **🖵 TXI**

3. Car Share *(with child/children*

*from a different dwelling)*  **🖵 CRS** 8. Train **🖵 TRN**

4. Cycle **🖵 CYC** 9. Walk **🖵 WLK**

5. Dedicated School Bus \* **🖵 DSB** 10. Other **🖵 OTH**

 Please specify………………..……………..

*\* Note – a public service vehicle will always have a service number, a dedicated school bus will not. If you are involved in a park and stride service this needs to be ticked as Car and not Walk. Mode of travel information is vital for School Travel Plans and will be updated in your child’s class every January by the teacher checking that there has been no change in the way in which your son or daughter gets to our school.*

|  |  |
| --- | --- |
| **Previous School** – Name: Address:   Phone Number: Start Date: Leaving Date: Headteacher: Yr6 Class Teacher: | ……………………………………………………………….. ………………………………………………………………..………………………………………………………………..…………………………………………………………………………………………………………………………………....……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |

**PARENTAL CONSENTS**

**WE NEED YOUR PERMISSION FOR CERTAIN ASPECTS OF YOUR CHILD’S EDUCATION**

Please would you tick **Yes** or **No** as appropriate, thank you.

|  |  |
| --- | --- |
| Permission to receive Paracetamol whilst at school |  Yes No |
| *Permission to use an emergency inhaler* ***Only*** *if your child has been diagnosed with Asthma* |  Yes No |
| Accessing the internet at school |  Yes No |
| Photograph in our school prospectus/marketing |  Yes No |
| Photograph on our school website |  Yes No |
| Photograph in our school newsletter |  Yes No |
| Photograph in the local press (to include sporting events) |  Yes No |
| Video Imaging (i.e. school productions) |  Yes No |
| School Photographs  | Yes No |
| Copyright permission of any work producede.g for displays, competitions, articles etc |  Yes No |
| Sex Education |  Yes No  |

**IT Consent Form**

I have read and understand the Oldbury Wells ICT, Data Security Policy, which is contained within the Information and Guidance notes, and I agree to abide by the terms and requirements of those policies.

*Both Parent/Guardian and Pupil should sign below:-*

Signed: …………………………...........……………..Parent

Date: …………………………

Print Name: ………………………………………….. Pupil

Also:

Where pupils are under the age of 13, we require a Parent/Guardian to give consent that they are allowed to use websites linked to teaching and learning e.g. careers guidance software. These are checked by teachers and do not require full pupil data, but they may require a pupil’s name. Consent given: Yes 🖵 No 🖵

**Biometric Consent Form**

**I** confirm that I wish my child /children **TO BE 🖵 NOT TO BE**  **🖵** (*please tick*)

registered on the school’s Biometric Cashless Catering System with immediate effect.

I understand that **I** may withdraw my child’s registration at any time in writing. If you choose ‘not to be’ your child will be issued with a PIN number.

|  |  |
| --- | --- |
| **Child/Children’s Name** | **Relationship to Child/Children** |
|  |  |
|  |  |

Please note it is the parents/guardian’s responsibility to notify the school immediately if any of the information on this registration form changes

*PLEASE SIGN BELOW AND RETURN COMPLETED FORM TO :-*

*Ms C Ballinger*

*Pupil Administrator*

*Oldbury Wells*

*Bridgnorth*

*WV16 5JD*

***FORMS TO BE RETURNED - ASAP – but no later than 24th April 2020***

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I acknowledge that the details and information I have provided must only be used for the purposes indicated by the paragraph on page 8 of the Information and Guidance Booklet.

Signed: ………………………………..…............…. Parent/Guardian Date: ……………………….…

*This document can be made available in other formats, e.g. Braille, as well as other languages. Please tell us if that is the case and we will make arrangements with Shirehall to ensure that you receive one as soon as possible. Please note that documents requested in other languages can take between four and six weeks to supply.*