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| [School Logo] | | | **Registration Form and Consent to Use Information** | | | | |
| |  | | --- | | This form sets out:   1. Information we are seeking about you/your child that the [Full Name of School] needs in order to register the child with the School and to provide a suitable education. The School’s privacy notice sets out how we use this information and your rights. You have already been provided with details of the privacy notice but if you want to look at it again, the notice can be found at: [link to the privacy notice on the School’s website] or you can also ask for a copy of the notice from the School’s office. 2. Information we are seeking about you/your child that it would be helpful for the School to use and share but is not a requirement to do so. Parents do not have any obligation to show a birth certificate to a school. We are seeking your consent for this. |  |  | | --- | | 1. **Registration Details**   You are required to provide this information to allow us to register your child with the School | | | | | | | | |
| 1. Details of the child to be admitted   We require this information to allow us to register your child with the School | | | | | | | |
| Forename (as on Birth Certificate) | | Other names (also known as) | | Surname (Legal, not Preferred) | | | |
|  | |  | |  | | | |
| If appropriate, underline the forename by which your child is known | | | | Date of Birth | | | |
| Current Home Address Post code |  | | |  | | | |
| Gender (please ✓) | | | |
| M |  | F |  |
| If the above is on a military camp, what is the name of the camp? | | | |  | | |  |

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| 1. **Details of the people who have legal parental responsibility for this child**   We want this information to allow us send information to you and to contact you, for example, to keep your child safe in the case of an emergency  (Please list in order of priority for contact during the school day) | | | | | | | |
| The Education Act 1996 defines a parent to include the natural parents of the child as well as a person who is not a parent but who has parental responsibility or who has care of the child. | | | | | | | |
| Relationship to your child | Mr, Ms, Mrs etc | | Forename | Surname | Home address, if different from your child’s | |
| Parent |  |  | |  |  |  | |
| Daytime | | Evening | | Mobile |
|  | |  | |  | e-mail: |  |
| Parent |  |  | |  |  |  | |
| Daytime | | Evening | | Mobile |
|  | |  | |  | e-mail: |  |
| Parent |  |  | |  |  |  | |
| Daytime | | Evening | | Mobile |
|  | |  | |  | e-mail: |  |

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| 1. **Educational history**   We want this information to support pupil learning | | | | | | | | | | | | |
| Last school attended | | | | | | | | | | | | |
| The new school will obtain earlier educational school records from the school named below – this is a statutory requirement | | | | | | | | | | | | |
| School name | | | Address | | | | | | | Telephone | | |
|  | | |  | | | | | | |  | | |
|  | | |
| Dates attended above school | | | | | From | |  | | | To |  | |
| Pre-school educational experience | | | | | | | | | | | | |
| This only needs to be completed for children aged 7 or younger | | | | | | | | | | | | |
| Dates | From |  | | Please tick | | Playgroup | | Nursery | At home | | | Other |
| To |  | |  | |  | |  |  | | |  |
| If your child has had any gaps in his/her education please provide detail below | | | | | | | | | | | | |
| The start and end dates of the gap(s) and reason(s)are required. | | | | | | | | | | | | |
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| 1. **Doctor, health care & other specific arrangements**   We want this information to keep your child safe, to support pupil learning and to provide appropriate pastoral care | | | | | | | |
| Name of doctor & surgery | | Contact details of practice/health centre | | | | | |
|  | | The school has contact details of local doctors. If you are not using a local doctor, please supply the contact details separately. | | | | | |
| Has your child had a tetanus injection? | | Yes | No | If yes, date |  | | |
| INHALER | Does your child use one? | Yes | No | If yes, frequency taken |  | | |
| If yes, type of medication? |  | | | | | |
| Other medical information relevant to your child’s development and school life e.g. hearing, sight, allergies, diabetes, epilepsy. | | | | | | | |
|  | | | | | | | |
| Does your child have an Education, Health & Care Plan (EHCP)? | | | | | | Yes | No |

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| If your child has other particular needs in relation to his/her education please describe them here: | | | | | | | |
|  | | | | | | | |
| Please give details of any special dietary requirements your child may have? | | Lunch time arrangements (please ✓ | | | | | | |
| one box) | Paid | | | Free | | |
|  | | School meals |  | | |  | | |
| Packed Lunch |  | |  | |  | |
| Home |  | |
| How will your child normally get to and from school? | | | | | | | | |
|  | | Is your child entitled to free transport? | | Yes | | No | | |
|  | |  | | |
| What is the main language spoken at home?  *(The school can only record what information the parent declares in this box.)* |  | | | | | | |

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| 1. **Further details**   We seek your agreement to use and share the following details with the Department for Education (DfE) and Norfolk County Council to assist in the completion of the school’s census under section 3 of The Education (Information About Individual Pupils) (England) Regulations 2013. This information allows the DfE to better plan to meet needs within the school system. For example, what extra support the DfE may need to provide to schools with high numbers of children who do not speak or understand English sufficiently to access the curriculum and the associated needs in the school system helps the DfE ensure that all children, wherever they are from, have the best possible education.  You do not have to give consent to do so and it will not affect the education that your child receives from the School.  *Please note: a child may provide this information where they are deemed mature enough to have capacity to understand and agree to the use of and the sharing of their personal data with others.* |

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| 1. Ethnicity (The school can only record what information the parent declares in this section.) | | | |
| **Please tick the box that you believe best describes your child’s ethnicity:** | | | |
| **White** | |  | |
| British |  |  |  |
| Irish |  | Sri Lankan Other |  |
| Gypsy |  | Any other Asian background |  |
| Gypsy / Roma |  | **Chinese** |  |
| Other Gypsy/Roma |  | Chinese |  |
| Traveller of Irish heritage |  | **Black or Black British** |  |
| Albanian |  | Caribbean |  |
| Bosnian-Herzegovinian |  | Angolan |  |
| Croatian |  | Congolese |  |
| Greek |  | Ghanaian |  |
| Greek Cypriot |  | Nigerian |  |
| Italian |  | Sierra Leonean |  |
| Kosovan |  | Somali |  |
| Portuguese |  | Sudanese |  |
| Serbian |  | Other Black African |  |
| Turkish |  | Any other black background |  |
| Turkish Cypriot |  | **Other ethnic groups** |  |
| Eastern European |  | Afghan |  |
| Western European |  | Arab other |  |
| White Other |  | Egyptian |  |
| **Mixed** |  | Filipino |  |
| White and Black Caribbean |  | Iranian |  |
| White and Black African |  | Iraqi |  |
| White and Pakistani |  | Japanese |  |
| White and Indian |  | Korean |  |
| White and any other Asian background |  | Kurdish |  |
| Any other mixed background |  | Malay |  |
| **Asian and Asian British** |  | Moroccan |  |
| Indian |  | Thai |  |
| Pakistani |  | Vietnamese |  |
| Other Pakistani |  | **An ethnic group not listed here:** |  |
| Bangladeshi |  | I do not wish to provide this information |  |
|  | | | |
| 1. Service child (The school can only record what information the parent declares in this section.) | | | |
| Does your child have a parent (or parents) who is a current serving member of the regular HM Services, and is of Personal Marital Status Cat 1 or Cat 2? | | | Y/N |

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| 1. **Further details, continued**   We seek your agreement to use and share the following details with the school. It will not be shared with the Department for Education (DfE) This information allows the school to better plan to meet needs within the school system, for example, dietary requirements, religious education, etc.  You do not have to give consent to do so and it will not affect the education that your child receives from the School.  *Please note: a child may provide this information where they are deemed mature enough to have capacity to understand and agree to the use of and the sharing of their personal data with others.* | |
| **Religion:** |  |

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| 1. **Statement** [to be signed] | | | |
| 1. I agree to the use and sharing of information as set out in paragraph 2 above 2. I understand that I do not have to give agreement to this and it will not affect the education that my child receives 3. I understand that there may be circumstances where the School will still share my information with other agencies without my agreement. This will include where it is necessary to safeguard myself or another individual or it is necessary for the prevention or detection of crime 4. I understand that I can withdraw my agreement to the use and sharing of the information at paragraph 2 above any time (If you wish to do this please write to, email or contact the School Office) 5. I understand that the information I have provided in this form will be forwarded to my child’s new school when she/he changes school 6. I believe the information provided in this form to be correct. I will inform the School of any changes that may occur whilst my child is attending the school. | | | |
| Signed (Parent/Guardian/Child): |  | Date: |  |

Thank you. When completed, please return this form to the school.

For School Office Use

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| Admission No |  | Records sent for |  |
|  |  | School MIS updated |  |
| Correct UPN recorded |  | Class allocated |  |