



Pupil Registration Form

When your child joins Ashchurch Primary School, it is vital that we have certain information that will help us to ensure that they are cared for to the best of our ability. Some of this information enables us to contact you easily on matters of concern to us, some helps us to look after your child while they are in school and some (Child Details) are required by law.

Child's details - Please complete this form in full. If the space provided is not sufficient in any section please attach a separate sheet. If you have any queries when completing the form, please contact the admissions officer.

Surname: _____

Forename: _____

Middle name(s): _____

Gender (please tick): Male Female

Preferred Name: _____

Date of Birth: _____

Address: _____

Post code: _____

Please supply a security password (this will be used in the event of your child being collected from the school by another person): _____

Parents' details

Please note: That being a step parent does not automatically grant parental responsibility.

Parent/carer: Title: _____ **Forename:** _____

Parent/carer: Title: _____ **Forename:** _____

Surname: _____

Surname: _____

Relationship to child (eg mother/father, stepmother/stepfather, foster mother/father, guardian): _____

Relationship to child (eg mother/father, stepmother/stepfather, foster mother/father, guardian): _____

Address (if different from the child): _____

Address (if different from the child): _____

Post code: _____

Post code: _____

National Insurance Number (this enables us to check your child's eligibility for Free School Meals and Pupil Premium Funding): _____

National Insurance Number (this enables us to check your child's eligibility for Free School Meals and Pupil Premium Funding): _____

Date of birth: _____

Date of birth: _____

Home tel no: _____

Home tel no: _____

Mobile tel no: _____

Mobile tel no: _____

Work tel no: _____

Work tel no: _____

Email: _____

Email: _____

Do you have parental responsibility for the child?

(please tick) Yes No

Do you have parental responsibility for the child?

(please tick) Yes No

Correspondence – Please confirm how you would like us to address letters, reports, etc.

Mr & Mrs/ Mr/Mrs/Miss/Ms/Other: _____ **Initials:** _____ **Surname:** _____

Address: _____

Post code: _____

Names of sibling(s) currently at Ashchurch Primary School

Name: _____

Class: _____

Name: _____

Class: _____

Name: _____

Class: _____

Special family circumstances – in the space below, please give any information regarding the child's family circumstances that you think the school should know. In particular it is useful for us to know:

This information helps the school to establish whether it can apply for additional funding or support and also ensures that we are compliant with the Safeguarding Children in Education Act (2002).

Is the child adopted or have they ever been a Looked After Child? If yes, please give details:

The name and telephone number, if applicable, of any allocated social worker:

The name and address of a non-custodial parent who wishes to receive information about the child's progress:

Any details regarding restricted access arrangements following custody proceedings (if either parent is denied access a copy of the court papers must be attached to this form):

Has your family ever had any other agencies working with you (such as CAMHS, the borough, school attendance, SEN)? If yes, please give details:

Is the child a young carer, eg a member of their family has a disability or ASD? If yes, please give details:

GP details – Please provide information regarding your child's General Practitioner (GP)

Name of GP: Dr _____

Name of surgery: _____

Surgery address: _____

Post code: _____

Surgery telephone number: _____

NHS no: _____

Emergency telephone numbers

In the event of parent(s) being unavailable, please give details of other responsible adults who we can contact in the event of an emergency. You should notify the contacts listed to inform them that we hold their details and that they will not be used for any other purpose.

Emergency contact 1

Name: Mr/Mrs/Miss: _____

Initial: _____ Surname: _____

Tel no: _____

Relationship to child: _____

Emergency contact 2

Name: Mr/Mrs/Miss: _____

Initial: _____ Surname: _____

Tel no: _____

Relationship to child: _____

Are there any medical conditions or dietary requirements that the school should be made aware of?

Please tick:

Asthma Yes No
Diabetes Yes No
Epilepsy Yes No
Hayfever Yes No
Food allergy Yes No
Other Yes No

Hearing difficulties Yes No
Sight problems Yes No
Wears glasses Yes No
Dietary requirements Yes No

If yes, please give details below, including details of any regular medication required:

Ethnic background

Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background

White

- White British
- White Irish
- Gypsy Roma
- Traveller of Irish Heritage
- Any other White background

I do not wish an ethnic background category to be recorded

Black or Black British

- Black African
- Black Caribbean
- Any other Black background

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background

Any other ethnic group

First language

We are required to collect information about each child's first language. This is the language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

If your child's first language is a language other than English, please record this language below. The question is not about how well your child speaks English. You can ask to check the information about your child's first language at any time and, if you wish, to have information changed or removed. To help we have listed below the 20 most frequently recorded first languages in schools.

* please indicate which form of language in the space provided.

Arabic* _____

Lingala _____

Bengali* _____

Kurdish _____

Bulgarian _____

Polish _____

Chinese* _____

Portuguese _____

English _____

Russian _____

Farsi/Persian* _____

Serbian/Croatian/Bosnian* _____

French _____

Somali _____

Gujarati _____

Tamil _____

Hindi _____

Turkish _____

Korean _____

Urdu _____

Other (block capitals please): _____

If you do not wish us to hold this data about your child please tick this box

Religion

Child's religion (block capitals please): _____

If you do not wish us to hold this data about your child, please tick this box

Are either of you (child's parents) a member of the armed forces?

Please tick: Yes No

Will your child have a school dinner or a packed lunch?

School dinner Packed lunch

Consent to take part in food activities at school

Please tick: Yes No

Residency

Have you lived in the UK for less than 2 years?

Please tick: Yes No

If yes, what date did you enter the UK?

Date: _____

Usual mode of travel

Please tick the relevant box detailing child's usual mode of travel to school. (NB Please tick only one box.)

If the child uses more than one mode of travel the longest element of the journey by distance should be recorded.

CAR

CAR SHARE (with child/children)

CAR/VAN

CYCLE

DEDICATED SCHOOL BUS

OTHER

PUBLIC BUS SERVICE

TAXI

TRAIN

WALKS

Previous school/nursery

Please provide the name and address of your child's previous nursery or school.

Assessment and data

In order to monitor and support your child's learning we would like to carry out assessments when necessary.

Please indicate your consent for us to administer the assessment tests and to share your child's data with the appropriate bodies, by signing the declaration below. All test materials, results and individual reports are held in accordance with the Relevant Data Protection legislation. These will be held securely for a period of 25 years from the date of birth (or for 35 years in the case where a child has a statement for their educational needs), after which time they will be destroyed. We will not use the data for any other purpose without the permission of the child to whom it refers, unless authorised by law to do so.

Declaration (please complete):

I give my consent for the assessments to be administered and I agree to the results being shared with the relevant parties.

Signature of parent/guardian: _____ **Date:** _____

Name of parent/guardian (block capitals please): _____

Relationship to the child: _____

Photographs and video

The school may use photographs and videos of your son/daughter for educational and promotional purposes, both within school, in school publications (such as on the school media sites).

Please tick here:

	YES	NO
On display boards within school	<input type="checkbox"/>	<input type="checkbox"/>
In school publications (eg newsletter, learning journeys)	<input type="checkbox"/>	<input type="checkbox"/>
In school marketing material (eg school brochure)	<input type="checkbox"/>	<input type="checkbox"/>
On the school website	<input type="checkbox"/>	<input type="checkbox"/>
On the school social media (eg Twitter/Facebook)	<input type="checkbox"/>	<input type="checkbox"/>
To be photographed during events where the local newspapers have been invited	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to be photographed by the school photographer for class photographs	<input type="checkbox"/>	<input type="checkbox"/>
I understand that proofs of class photographs are sent to all parents of children within the class	<input type="checkbox"/>	<input type="checkbox"/>

You have the right to withdraw your consent at any time by contacting the school office.

School visit consent form

I agree for my child to:

- Take part in school trips and other activities that take place off school premises; and
- To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include:
 - all local areas visits which take place during the school day (ie, church, local park, care home, local walks).
 - off-site sporting fixtures during and outside the school day.
- We will send you information about each trip or activity before it takes place and ask your permission again.
- You can, if you wish, tell us that you do not want your child to take part in any particular school trip or activity.

Please tick here: **Yes, I agree** **No, I do not agree**

Medical information

Please supply details of any medical condition that your child suffers from that the trip leader should be aware of and of any medication that your child should take during off-site visits.

Parent/carer's name (please use block capitals): _____

Signature (please sign): _____ **Date:** _____

Please turn to next page...

Ashchurch Primary School- Parents' acceptable use agreement

Ashchurch Primary School regularly reviews and updates all Acceptable Use documents to ensure that they are consistent with the school Online Safety and Safeguarding Policies. We attempt to ensure that all children have good access to digital technologies to support their teaching and learning and we expect all our children to agree to be responsible users to help keep everyone safe and to be fair to others.

Internet and IT: As the parent or legal guardian of the pupil(s) named below, I give permission for the school to give my daughter/son access to:

- the internet at school
- the school's chosen email system
- the school's online managed learning environment
- IT facilities and equipment at the school.

I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school takes every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials.

Use of digital images, photography and video: I understand the school has a clear policy on "The use of digital images and video" and I support this.

I understand that the school may use photographs of my child or include them in video material to support learning activities if I have given permission.

Social networking and media sites:

I understand that the school has a clear policy on "The use of social networking and media sites" and I support this.

I will support the school by promoting safe and responsible use of the internet, online services and digital technology at home. I will inform the school if I have any concerns.

I understand that the school takes any inappropriate behaviour seriously and will respond to observed or reported inappropriate or unsafe behaviour.

I will not take and then share online, photographs, videos etc, about other children (or staff) at school events, without permission.

Internet and email use declaration

My child's name(s): _____

I accept all the statements above regarding the use of images/social networking etc:

Parent/carer's name: _____

Parent/carer's signature: _____

Ashchurch Primary School – acceptable use agreement

I keep SAFE online because ...

I CHECK it's OK to use a website/game/app.	<input type="checkbox"/>
I ASK for help if I get lost online.	<input type="checkbox"/>
I THINK before I click on things.	<input type="checkbox"/>
I KNOW online people are really strangers.	<input type="checkbox"/>
I am RESPONSIBLE so never share private information.	<input type="checkbox"/>
I am KIND and polite online.	<input type="checkbox"/>
I TELL a trusted adult if I am worried about anything.	<input type="checkbox"/>

My trusted adults are:

Mum	<input type="checkbox"/>
Dad	<input type="checkbox"/>
Teacher	<input type="checkbox"/>
Other	_____



Please return the completed form to the Admissions Officer, Ashchurch Primary School, Ashchurch Road, Tewkesbury, Gloucestershire, GL20 8LA or admin@ashchurch.glos.sch.uk. If you have any queries, please telephone 01684 292376