



SCHOOL REGISTRATION FORM

Child's Name:

CONFIDENTIAL PERSONAL DETAILS FOR YOUR CHILD

ON COMPLETION, PLEASE RETURN TO MRS PARDOE, ADMINISTRATOR

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 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. Once we have verified names any copies of documents will be destroyed in a secure manner.

Adopted from Care:

We have been informed by the Local Authority 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 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 select 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 selected, 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 select below and return any supporting paperwork along with this registration form.

.....
I confirm that my child has been adopted and I have selected the relevant box and provided a copy of the adoption order.

<input type="checkbox"/>	Ceased to be looked after through adoption
<input type="checkbox"/>	Ceased to be looked after through a Special Guardianship Order (SGO)
<input type="checkbox"/>	Ceased to be looked after through a Residence Order (RO)
<input type="checkbox"/>	Ceased to be looked after through a Child Arrangement Order (CAO)

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 <i>only complete if this is different from 1 above.</i>	
4.	Your child's preferred forename	
5.	Your child's date of birth (DDMMYYYY)	
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)	

For most pupils your contacts will be placed automatically as Mother Priority 1, Father Priority 2. Please mark clearly if you wish to change these priorities.

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	
Only contacts with parental responsibility will be used for message alerts.	
9.	Relationship to child
10.	Title & surname
11.	First name
12.	Full address <i>(if different from No. 7)</i>

13.	Postcode (<i>see note in 8 above</i>)
14.	Mobile telephone number <small>Mobile numbers will be used for text messaging</small>
15.	Work telephone number
16.	Home telephone number
17.	Email address (we will not divulge to any third party). Please print this in capital letters
	Home:..... Work:

CHILD'S PARENT/CARER DETAILS – Priority 2		
18.	Relationship to child	
19.	Title & surname	
20.	First name	
21.	Full address <i>(if different from No. 7)</i>	..... ..... .....
23.	Postcode (see note in 8 above)	
24.	Mobile telephone number	
25.	Work telephone number	
26.	Home telephone number	
27.	Email address	Home:..... Work:
28.	Are either Parent/Carer a member of the armed forces? Please select Yes or No. (Your classification will be either PStat Cat 1 or 2; please note this only refers to regular forces and not the territorials.)	Carer 1: Yes No 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)	
34.	Home telephone number	
35.	Work telephone number	
36.	Mobile telephone number	

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. 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 select one box only to indicate the ethnic background of your child.

White		School use (SIMS codes)
◆ English	<input type="checkbox"/>	WENG
◆ Scottish	<input type="checkbox"/>	WSCO
◆ Welsh	<input type="checkbox"/>	WWEL
◆ Cornish	<input type="checkbox"/>	WCOR
◆ White Eastern European*	<input type="checkbox"/>	WEEU
◆ White Western European**	<input type="checkbox"/>	WWEU
◆ Other White British	<input type="checkbox"/>	WOWB
◆ Irish	<input type="checkbox"/>	WIRI
◆ Traveller of Irish Heritage	<input type="checkbox"/>	WIRT
◆ Gypsy/Roma	<input type="checkbox"/>	WROM
◆ Any other White background	<input type="checkbox"/>	WOTW
Mixed		
◆ White and Black Caribbean	<input type="checkbox"/>	MWBC
◆ White and Black African	<input type="checkbox"/>	MWBA
◆ White and Asian	<input type="checkbox"/>	MWAS
◆ Any other mixed background	<input type="checkbox"/>	MOTH
Asian or Asian British		
◆ Indian	<input type="checkbox"/>	AIND
◆ Pakistani	<input type="checkbox"/>	APKN
◆ Bangladeshi	<input type="checkbox"/>	ABAN
◆ Any other Asian background	<input type="checkbox"/>	AOTH
Black or Black British		
◆ Caribbean	<input type="checkbox"/>	BCRB
◆ African	<input type="checkbox"/>	BAFR
◆ Any other Black background	<input type="checkbox"/>	BOTH
Chinese	<input type="checkbox"/>	CHNE
Any other ethnic background	<input type="checkbox"/>	OOTH
I DO NOT wish to give this information	<input type="checkbox"/>	REFU

* 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. **Please do not use WOTW if you can select WEEU or WWEU.**

(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 select the appropriate box for what you therefore consider to be your child’s mother tongue:

1. English

2. Other than English

(2a) If you selected 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).

.....

(2b) Also could you then select your child’s proficiency in English:

a) New to English b) Early acquisition c) Developing confidence

d) Competent e) Fluent f) Not yet assessed

3. I DO NOT wish to give this information

(C) Home Language

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

.....

(D) National Identity – Please select your child’s National Identity below:-

English Welsh Scottish Irish British Other

I do not wish to supply this information

(E) Your Child’s Country of Birth (e.g. United Kingdom):

(F) Nationality (e.g. British):

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

1. Christian 2. Hindu 3. Jewish 4. Muslim

5. Sikh 6. Buddhist 7. No Religion 8. Other Religion

9. I DO NOT wish to give this information

Mode of travel to school

Please select the **predominant mode of travel** for your child:

- | | | | |
|---|-------------------------------------|-------------------------|-------------------------------------|
| 1. Bus – type not known
<i>(see 5 or 6 as alternatives)</i> | <input type="checkbox"/> BNK | 6. Public Service Bus * | <input type="checkbox"/> PSB |
| 2. Car or Van | <input type="checkbox"/> CAR | 7. Taxi | <input type="checkbox"/> TXI |
| 3. Car Share <i>(with child/children
from a different dwelling)</i> | <input type="checkbox"/> CRS | 8. Train | <input type="checkbox"/> TRN |
| 4. Cycle | <input type="checkbox"/> CYC | 9. Walk | <input type="checkbox"/> WLK |
| 5. Dedicated School Bus * | <input type="checkbox"/> DSB | 10. Other | <input type="checkbox"/> 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:	.....

WE NEED YOUR PERMISSION FOR CERTAIN ASPECTS OF YOUR CHILD'S EDUCATION

ALL SUPPORTING DOCUMENTATION CAN BE FOUND WITHIN THE INFORMATION BOOKLET IN THIS

PACK Please would you select **Yes** or **No** as appropriate. Thank you.

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

PLEASE SIGN BELOW AND RETURN COMPLETED FORM TO:-

Mrs J Pardoe
Bridgnorth Endowed School
Northgate
Bridgnorth
Shropshire WV16 4ER

(FOR SEPTEMBER 2021 ADMISSIONS PLEASE RETURN THE FORM BY FRIDAY 21st MAY 2021)

If you change your mind and wish to remove your permission for any of the above, at any time, then you can do so by contacting Mrs Pardoe

I acknowledge that the details and information I have provided must only be used for the purposes indicated by the privacy notice. I have shared it with my child(ren) if aged 12 and above.

Signed:

Date:

This document can be made available in other formats, e.g. Braille, as well as other languages. Please note that documents requested in other languages can take between four and six weeks to supply.

IT Consent Form

I have read and understand the Acceptable Use document and I agree to abide by the terms and requirements of those policies.

Signed: Date:
(Pupil)

Print Name:

Signed: Date:
(Parent/Guardian)

Print Name:

Biometric Consent Form

I confirm that I wish my child /children **TO BE** **NOT TO BE** (*please select*)
registered on the school's Biometric System with immediate effect. I understand that I may withdraw my
child's registration at any time by writing to the school. If you choose 'not to be' your child will be issued with a PIN
number.

Child/Children's Name	Relationship to Child/Children	
Name of Parent and/or Guardian	Signature	Date