|  |  |
| --- | --- |
| F:\marketing\Logos\Logo_BES_100_0414.jpg | **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 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 has been 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) |

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

**For Office Use Only:**

**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) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |
| 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  (*if different from No. 7)* | ……………………………………………………….………  …………………………………………………………….…  …………………………………………………………….…  …………………………………………………………….… | | | | | | | | | | |
| 13. | Postcode (*see note in 8 above*) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | | | | | | |
| 14. | Mobile telephone number  Mobile numbers 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: ………………………………………………………… | | | | | | | | | | |
|  | **CHILD’S PARENT/CARER DETAILS – Priority 2** | | | | | | | | | | | |
| 18. | Relationship to child |  | | | | | | | | | | |
| 19. | Title & Surname |  | | | | | | | | | | |
| 20. | First name |  | | | | | | | | | | |
| 21. | Full address  (*if different from No. 7*) | …………………………………………………………  …………………………………………………………  …………………………………………………………  ………………………………………………………… | | | | | | | | | | |
| 23. | Postcode (see note in 8 above) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | | | | | | |
| 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 circle 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.) | 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 phone number |  |  |  |  |  |  |  |  |  |  |  |
|  | **Priority 4 - emergency contact** | | | | | | | | | | | |
| 37. | Relationship to child |  | | | | | | | | | | |
| 38. | First name |  | | | | | | | | | | |
| 39. | Title & Surname |  | | | | | | | | | | |
| 40. | Full address | …………………………………………………………  …………………………………………………………  ………………………………………………………… | | | | | | | | | | |
| 41. | Postcode (see note in 8 above) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | | | | | | |
| 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)?*  *If you are out of area and receive FSM you will need to make an on-line application with Shropshire Council – www.shropshire.gov.uk* | **Yes No** | | | | | | | | | | |
| 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 on page 7 for use of an emergency   inhaler if personal inhaler has been forgotten | | | | | | | | | | |
| 47. | Please give the name of your child’s **Medical Practice** *not the doctor’s name* and contact telephone number. | **Practice** Name: ……….……………………………………..…………  Phone No: ……………………………………………………….… | | | | | | | | | | |
| 48. | **Emergency medical aid**  **(if you tick 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. 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 School use (SIMS codes)**

* English  **WENG**
* Scottish  **WSCO**
* Welsh  **WWEL**
* Cornish **WCOR**
* White Eastern European\*  **WEEU**
* White Western European\*\*  **WWEU**
* Other White British  **WOWB**
* Irish  **WIRI**
* Traveller of Irish Heritage  **WIRT**
* Gypsy/Roma  **WROM**

♦ Any other White background  **WOTW**

**Mixed**

♦ White and Black Caribbean  **MWBC**

♦ White and Black African  **MWBA**

♦ White and Asian  **MWAS**

♦ Any other mixed background  **MOTH**

**Asian or Asian British**

♦ Indian  **AIND**

♦ Pakistani  **APKN**

♦ Bangladeshi  **ABAN**

♦ Any other Asian background  **AOTH**

**Black or Black British**

♦ Caribbean  **BCRB**

♦ African  **BAFR**

♦ Any other Black background  **BOTH**

**Chinese**   **CHNE**

**Any other ethnic background**  **OOTH**

**I DO NOT** wish to give this information **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 tick 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 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).*

.........................................................................................................................

**(2b)** Also could you then tick 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 tick 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. United Kingdom*):- ………………………........................…………….……….**

**(G) Please would you let us have your family’s religion by ticking 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 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: | ………………………………………………………………..  ………………………………………………………………..  ………………………………………………………………..  …………………………………………………………………  ………………………………………………………………....  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  ………………………………………………………………… |

**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 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 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 *(to include sporting events)* | Yes No |
| Video Imaging (*i.e. school productions)* | Yes No |
| School Photographs | Yes No |
| Copyright permission of any work produced  *e.g. for displays, competitions, articles etc.* | 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 2020 ADMISSIONS PLEASE RETURN THE FORM BY FRIDAY 22ND MAY 2020)***

***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 tick*)

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** |
|  |  |  |