

REGISTRATION FORM



Beacon View Primary Academy
The best in everyone™
Part of United Learning

- Please complete this form in **BLACK INK AND BLOCK CAPITALS**
- Please complete all relevant sections of the form and return it to the school office within **14 days** of receiving allocation letter
- Please attach your child's **BIRTH CERTIFICATE** to your form for checking if you have not already school a copy

PUPIL INFORMATION

Surname:		Forename:	
Middle name/other name(s):		Male/Female (Please circle)	Date of birth:
Home Language		Religion	Date of arrival in the UK: (if applicable)
Please list all Schools/Nurseries/Pre-Schools/Playgroups attended:			Dates Attended

PARENT/GUARDIAN INFORMATION

Mr/Mrs/Miss/Other _____ (Please specify)	Surname	Forename:
Home Telephone Number	Daytime Telephone Number:	
Address: (This address should be the permanent address at which the child is living with his/her parent(s)/guardian(s).)		
Address:	Home tel:	
	Work/Mobile:	
	Email:	
Postcode:		
Relationship to child: (e.g. mother/father/stepmother/stepfather/parent's partner/grandparent etc)		

Custody and Court Orders - The school needs to know of any Court Orders affecting your child	Yes	
Please indicate whether any Order is in force for your child:	No	

If YES, please specify (e.g. residence/access, prohibited steps)

Which Court made the order:	Date Order was made:

Emergency Contacts - in an emergency, if we unable to contact you, please give details of one or more person(s) who may be contacted to act on your behalf.

Name:	Relationship to child:	Telephone No:
Name:	Relationship to child:	Telephone No:

Doctors details

Name:	Service:
Details:	

Other services - Please give details of other services that have recently been involved with your child. (e.g. Social Services, Educational Psychologist, Bilingual Support, Assessment Unit etc.)

Name:	Service:
Details:	

Child's health - Please give details of any health concerns that the school should be made aware of. (e.g. hearing or sight problems, allergies, need for regular medication i.e. inhaler etc.)

Other children in the family - (Please provide information of other children in the family)

Name:	Relationship: e.g. brother/sister/stepmother/stepbrother	Date of birth:

Other information - Please tick appropriate box.

Travel to school Walk Car Public Transport
Lunchtime arrangements Home School Lunch Packed Lunch

Is there any other information that you think the school should be made aware of:
(E.g. language problems, religious considerations, special diets etc.)

United Learning reserves the right to verify the information given on this form.

Please read the declaration and sign the form.

I clarify that the information given is to the best of knowledge correct.

Signature of parent/carer:	Date:
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Data Protection: The information you have provided includes 'sensitive data' as defined under the Data Protection Act. United Learning will use this information for the purpose of 'Education'. However, if you agree, we can also use it for other purposes covered by our notification to the Information Commissioner, for example to improve services to customers. In this case, the information will only be used by United Learning and will not be given to anyone else unless we have to by law.

If you agree to us using the information for other purposes, please tick the box.

EQUAL OPPORTUNITIES

In order to ensure United Learning's Equal Opportunities Policy can continue to develop, parents/carers are asked to complete the details below on behalf of their child. It is purely for monitoring the effectiveness of the policy and will not affect your application. **You do not have to fill in this section if you do not want to.**

I would describe my child's ethnic origin as (please tick)

Asian/Asian British	Black/ Black British	Mixed	White	Chinese
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Irish	
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black background	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Traveller of Irish Heritage	
<input type="checkbox"/> Any other Asian background		<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Gypsy/Roma	
<input type="checkbox"/> Any other ethnic background			<input type="checkbox"/> Any other White background	
<input type="checkbox"/> I do not wish an ethnic category to be recorded				

Home language spoken

Please bring your child's original birth certificate to the school office so we can verify your child's date of birth. If you are unable to do this please ask the school for further advice.

Please note your child will be expected to start on the day indicated to you by the school. If your child does not start school on this date and you have not contacted the school to notify them of the reason, your child's place may be withdrawn and allocated to another pupil.

Use this box for any information that did not fit into previous sections.
(Please indicate from which section)



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