**Pupil Registration Form**

The information you provide to the school will be used to support pupil learning and to ensure pupil safety and wellbeing. Personal information is only collected and used where it is needed by the school or the local authority for education purposes or where required by law. Further information on how we use and share pupil information is contained in the school's Privacy Notice ***www.beaconviewprimary.co.uk***

* Please complete this form in **black ink and block capitals**.
* Please complete all relevant sections of the form and **return it to the school within 14 days**

of receiving your allocation letter.

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|  **Pupil Information** |
|  |  **Surname:** | **Forename:** | **Middle/other name(s):** |  |
|  |  **Male or female:** | **Date of birth:** | **Date of arrival in the UK:** (if applicable) |  |
|  **Ethnicity** **You do not need to fill in this section if you do not want to.** I would describe my child's ethnic origin as (please tick): **Asian/ Black/ Mixed White Chinese** **Asian British Black British**  Indian Caribbean White & Black British Chinese Caribbean  Pakistani African White & Black Irish African  Bangladeshi Any other Black White & Asian Traveller of  Background Irish Heritage Any other Any other Mixed Gypsy/Roma Asian background background Any other White background Any other ethnic background I do not wish an ethnic category to be recorded |
| **Pupil Nationality:** (normally on passport or EEA identity card)  I do not wish a nationality to be recorded   |  |  **Country of Birth:**  I do not wish a country of birth to be recorded  |  |
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|  **First Language**  If you used a language other than English in your home during your child's early development and they still experience it at home/in your community, please enter it. If more than one language has been used (including English), please enter the one used most.  |  |
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| **Please list all schools/nurseries/pre-schools/playgroups attended:** |  **Contact no:** |  **Dates attended:** |
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| **Parent/carer information** |

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| **Mr/Mrs/Miss/other:** | **Surname:** | **Forename:** |
| **Address:** (This should be the permanent address at which the child is living with his/her parent(s)/carer(s)) | **Home tel:** |
| **Work/mobile tel:** |
| **Postcode:** | **Email:** |
| **Relationship to child:** (e.g. mother/father/stepmother/stepfather/parent’s partner/grandparent etc.) |
| **Other parent/carer information** (please ensure you have consent to share this information) |
| **Mr/Mrs/Miss/other:** | **Surname:** | **Forename:** |
| **Address:** (If different from above) | **Home tel:** |
| **Work/mobile tel:** |
| **Postcode:** | **Email:** |
| **Relationship to child:** (e.g. mother/father/stepmother/stepfather/parent’s partner/grandparent etc.) |

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| **Service Children**  Please tick this box if either/both parent(s) are Service personnel serving in regular HM Forces military units   of all forces, or in the Armed Forces of another nation and stationed in England, and exercising parental care and responsibility.  This is only relevant if parents are designated as Personal Status Category 1 or 2.  |

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|  **Custody and Court Orders –** The school needs to know of any Court Orders affecting your child  **Please indicate whether any Order is in force for your child: YES NO** |
| **If YES, please specify** (e.g. residence, contact/access, prohibited steps) |
| **Which Court made the order:** | **Date order was made:** |
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|  **Emergency Contacts** - In an emergency, if we are unable to contact you, please give details of one or more person(s) who may be contacted to act on your behalf. (**Please ensure you have consent to share this information).** |

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| **Name:** | **Relationship to child:** | **Telephone no:** |
| **Name:** | **Relationship to child:** | **Telephone no:** |
|  **Doctor's Details** |
| **Name of GP Surgery:**  | **Telephone no:** |
| **Address:** | **Postcode:** |
|  **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.) |
| **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.) |
| **Details:** |

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|  **Other children in the family** - Please provide information on other children in the family |

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| **Name:** | **Relationship:** (e.g. brother/sister, stepbrother/stepsister) | **Date of birth:** |
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|  **Other information** **Please tick appropriate box:** **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 issues, religious considerations, special diet etc.) |
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| **Use this box for any information that did not fit into previous sections.**(Please indicate from which section) |
|  **Declarations** **Please read the declarations and sign the form:** **I declare that the information given is to the best of my knowledge correct. I will inform the school of** **any changes to this information.****Signature of parent /carer: Print name: Date:**  **I give consent for the information provided to be used in line with the School's Privacy Notice as**  **referenced above.** **Signature of parent /carer: Print name: Date:** |