

Hollinhey School Pupil Registration Form

Please complete the form as fully as possible

Surname	
Forenames	
1 Orenames	
Preferred Forename	
Date of birth	
Gender	
Address	
Postcode	
Home telephone number	
·	
Mobile number (parent)	
E-mail address (parent)	
Please note we will use your mobile p	hone number for our parent/school text messaging service
therefore all changes in numbers must	
	vill generally be via email so please provide an email address
which you use regularly.	
Desition of shild in family (sirels)	Dravious school or nursery (if applicable)
Position of child in family (circle)	Previous school or nursery (if applicable)
1 2 3 4 5 6	

Details of Parents/Carers

Name of parent	Relationship to child i.e. mother /father	Parental Responsibility	Do you live at the same address as your child?
		YES/NO	YES/NO
		YES/NO	YES/NO



Separated family details

If you do not live at the same address as your child but have parental responsibility, please provide your contact details below

Name of parent	
Address	
Home telephone number	
Mobile number	
Email address	

If parents are separated or divorced, has a court order been issued? YES/NO

Emergency Contact details

These are very important. If your child becomes ill during the day, we need to be able to contact you, or someone acting for you who is able to collect your child. Please give at least two emergency contact numbers. In the event we are unable to contact any of the emergency contacts the school staff have the right to act in "loco parentis" in looking after the best interests of your child. Please notify us immediately in writing if any contacts or details change.

Name of contact	Priority (1 st ,2 nd)	Relationship to child	Telephone Number	Place of Contact

Details of Other Children in Family

Name	Date of Birth	School



Dietary requirements

Type of meal to be taken?	school meal	packed lunch	free meal

If you are in receipt of Income Support, Income Based Jobseekers Allowance, Child Tax Credits or other income-related employment and support allowance, your child may be entitled to Free School Meals. Please contact the Customer Contact Centre on 0300 123 5012 to discuss your eligibility.

Medical

Please indicate below any medical conditions or dietary conditions your child may have about which we should be aware.

Name of doctor's practice	
Medical conditions of child (including details of regular me	edication and dietary conditions
Has an ECHP of special needs been issued for your child	? YES/NO
Does your child require medication whilst at school?	YES/NO
Full details of any regular administration of medication mu of our first aid team.	ust be discussed with the Principal and a member
Does your child wear glasses?	YES/NO

Ethnically Based Statistics

The collection of ethnically based data is increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information requested is for educational purposes and will only be used to enhance the provision for all pupils at the school. Please tick the appropriate classifications.

If you do not wish to provide the following information please write 'declined'.

Country of birth	Nationality
Is your child of someone in the Armed Services	YES/NO
Religion: please specify	
Language normally spoken at home: please speci	fy



Ethnic background: this describes how we think of ourselves. It may be based on many things eg			
language, culture, a	ncestry or family history.		
Bangladeshi	Bengali	Black – African	Black Caribbean
Black (other)	Chinese	Gypsy/Roma	Japanese
Pakistani	Punjabi	Thai	Traveller
Vietnamese	White - British	White - European	White (other)
Mixed background – please specify Other – please specify			

ny additional information you feel we should know	

The information requested in this document will be stored subject to the Data Protection Act 1998 (including 2018 GDPR updates). The Act requires that all information is strictly confidential and may only be accessed by those with a legal right to see it. You have a right to examine at any reasonable time, information about you or your child. The school is required to share some of the data with the Local Authority and with the DfE (See separate Privacy Notice for details – available on the website and in the office)

Signature	Date
Name in BLOCK capitals	Title