** Hollinhey School**

**Pupil Registration Form**

Please complete the form as fully as possible

|  |  |
| --- | --- |
| **Surname** | |
| **Forenames** | |
| **Preferred Forename** | |
| **Date of birth** |  |
| **Gender** |  |
| **Address**  **Postcode** | |
| **Please note we will use your mobile phone number for our parent/school text messaging service therefore all changes in numbers must be advised to the school office.**  **All correspondence sent from school will generally be via email so please provide an email address which you use regularly.** | |
| Position of child in family (circle)  1 2 3 4 5 6 | Previous school or nursery (if applicable) |

**Details of Parents/Carers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Parent** | **Relationship to child mother/ father** | **Telephone number** | **Email address** | **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** |  |
| **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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name of contact** | **Relationship to child** | **Telephone Number** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

# 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  **Please circle** |

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 medication and dietary conditions) YES/NO |
| Was your child born prematurely?  YES/NO |
| 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 must be discussed with the Principal and a member of our first aid team. |
| 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 specify | | | | |
| **Ethnic background:** this describes how we think of ourselves. It may be based on many things eg language, culture, ancestry or family history. **Please circle** | | | | |
| 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 | | |

|  |
| --- |
| **Any 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** |