



North Somercotes Church of England Primary School

Pupil Registration Form

In accordance with section 434 of the Education Act 1996, we are required to keep a register containing the “prescribed particulars” of all pupils registered at our school. We also need to know who has parental responsibility for each child, including any relevant court orders that may affect our relationship with you, the child’s parents/carers.

Please complete all of the below questions for each child that you intend to register at North Somercotes CE Primary School. This will ensure that all parents receive what the law entitles them to regarding their child’s education, e.g. eligibility for pupil premium funding. It will also help us to effectively safeguard and promote your child’s welfare.

Disclaimer

North Somercotes CE Primary School collects and uses personal data in order to meet the legal requirements and legitimate interests set out in the General Data Protection Regulation and UK law. The data collected will be used to meet legal requirements, support pupil learning and provide pastoral care.

North Somercotes CE Primary School is the data controller of the personal information you provide to us. This means the school determines the purposes for which, and the manner in which, any personal data relating to pupils and their families is to be processed. All personal data collected by the school is stored in line with our GDPR Data Protection Policy and is only kept for as long as is necessary to complete the task for which it was originally collected.

Parents have the right to: be informed about the use of their personal data, access the data the school holds, request data is amended if it is inaccurate or incomplete, request data is erased where there is no compelling reason to continue processing it, request data is restricted and object to the processing of their personal data. Where the processing of data is based on consent, as a parent at North Somercotes CE Primary School you have the right to withdraw this consent at any time.

By signing this form, you are providing positive indication of consent for data processing to be carried out by North Somercotes CE Primary School.

For school use only			
Admission number:		UPN:	

Part A - Pupil information

Child's surname:		Child's forename(s):	
Child's date of birth:	/ /	Child's gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Child's birth certificate seen	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Child's chosen name:		Previous school (if applicable):	

Part B - Contact information

Full name	Home address <i>(including postcode)</i>	Email Address	Please tick if child's home address	Telephone number (Home)	Telephone number (Mobile)	Telephone number (Work)	Priority of contact	Relationship to child	Parental responsibility	Court Order	Nature of court order
			<input type="checkbox"/>				1		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			<input type="checkbox"/>				2		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			<input type="checkbox"/>				3		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			<input type="checkbox"/>				4		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Part C - Eligibility Checking System

The DfE has created an online service to enable schools to check whether a pupil is eligible for pupil premium funding and free school meals. As required by the General Data Protection Regulation, please indicate below whether you consent to your personal information being used for this purpose. By providing your consent the school can potentially receive an extra £1320 per eligible pupil from central government to fund valuable support such as extra tuition and learning support.

I consent to my personal data being used for the DfE's Eligibility Checking Service.	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If you indicated 'Yes' above, please provide us with the information outlined below. Otherwise, go to Part D.

	Parent/Guardian 1	Parent/Guardian 2
Surname:		
Date of birth:		
National insurance number:		

Part D - School census information

Every term, the DfE requires schools to collect certain personal data relating to the pupils registered at their school, as well as their educational attainment data. Such information will then be used to inform our school's funding allocations. We would be grateful if you could provide us with the below information relating to the child named in this form; however, you are under no obligation to do so.

Country of birth:	
Nationality:	
Ethnic group:	<p>White-British <input type="checkbox"/></p> <p>White-Irish <input type="checkbox"/></p> <p>Traveller of Irish heritage <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>Gypsy/Roma <input type="checkbox"/></p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Black Caribbean <input type="checkbox"/></p> <p>Black-African <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other ethnic group <input type="checkbox"/></p> <p>Refused <input type="checkbox"/></p>
Religion:	<p>Buddhist <input type="checkbox"/></p> <p>Christian <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>No religion <input type="checkbox"/></p> <p>Other religion <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>Refused <input type="checkbox"/></p>

First language spoken at home:	
---------------------------------------	--

Part E - Medical information

Doctor's name:		Address:	
-----------------------	--	-----------------	--

Practice telephone number:		Email (if applicable):	
-----------------------------------	--	-------------------------------	--

Details of any medical conditions or Special Educational Needs and Disabilities (SEND) your child may have:

Details of any medication your child requires in order to manage the condition(s) outlined above:

Details of any allergies your child has and the treatment required:

Does your child wear glasses? Yes No

Does your child have any hearing difficulties? Yes No

Do you give permission for the school staff to call the doctor in an emergency? Yes No

Do you give permission for the school staff to give first aid both in school and off site activities? Yes No

Part F – Special dietary needs

Is your child a Vegetarian? Yes No

Does your child have any religion-specific dietary requirements (if yes, please state below):

Allergy/Intolerance(s) (please tick all which apply):

**Please provide medical evidence*

Celery <input type="checkbox"/>	Cereals containing gluten <input type="checkbox"/>	Fish <input type="checkbox"/>	Lupin <input type="checkbox"/>	Sulphur dioxide <input type="checkbox"/>
Crustacean <input type="checkbox"/>	Eggs <input type="checkbox"/>	Milk <input type="checkbox"/>	Molluscs <input type="checkbox"/>	Mustard <input type="checkbox"/>
Nuts <input type="checkbox"/>	Peanuts <input type="checkbox"/>	Sesame seeds <input type="checkbox"/>	Soya <input type="checkbox"/>	No known allergies <input type="checkbox"/>

Other(s), please state:

- Please provide information below about signs and symptoms to look out for regarding your child's possible reactions
- Please provide information below about the possible severity of reactions including any history of prior anaphylaxis
- Please provide information below as to the treatment required for responding to his/her food allergy. Including whether an epinephrine auto-injector (Epi-Pen) should be used.

Food tasting (in class and/or out of school activities)

I give permission for my child to fully participate in food tasting

I do not give permission for my child to fully participate in food tasting

Part G – Local visits on foot

Throughout the year, children may be given the opportunity to take part in local school visits. The destination will be within walking distance and no public or private transport will be required. Please be aware that signing this form gives permission for the duration of their time at North Somercotes CE Primary School. If at any time you wish to make an amendment to the agreement, you must contact the school directly.

I give permission for my child: _____ to partake in local visits for the duration of their time at North Somercotes CE Primary School.

Should I wish to amend this agreement, I will contact the school directly.

Name of parent/carer:	
Signed:	
Date:	

Part H - Other information

Lunch arrangements:	Free school meal (if applied for) <input type="checkbox"/> School meal <input type="checkbox"/> Packed lunch <input type="checkbox"/>
Travel arrangements:	Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Car <input type="checkbox"/>

The information given will be transferred to the school's computer system. Under the General Data Protection Regulation, any person named on this form has the right to check the information recorded. The law entitles all parents with parental responsibility to receive information regarding their child.

The information I have given is correct to the best of my knowledge and belief.

Parent/Carer 1 Signed: _____

Name (please print): _____

Date signed: _____

Parent/Carer 2 Signed:

Name (please print): _____

Date signed: _____

Please keep us informed of any changes to the above information

School use only			
Form received by (print name):		Signed:	

Date received:

--

--