



**Donnington Wood Infant School & Nursery**  
**Registration Form**

<b>Previous School / Nursery (if applicable)</b>	
Name of previous school / nursery / childcare	Name:  Address:  Contact no:
Please let us know if your child has received extra support in their school / nursery or if your child is particularly gifted or talented	

<b>Photo Consent</b>		
I/we give permission for photographs to be taken of my/our child –		
For use within school / nursery (display/ observations)	yes/no	Signed
To appear in the school prospectus & website	yes/no	
To appear in the media (newspaper / television)	yes/no	
When taking photographs / video of my child at nursery / school, where these contain other children who attend the nursery / school I promise that these are for my personal use and agree not to publish these on the internet and social websites (eg Facebook).		Date

<b>Walking activities around school</b>	
I give consent to my child taking part in normal school / nursery activities organised to take place within the school premises and within the immediate locality of the school including walking to Donnington Wood CE Junior School. I am aware that I will be notified of any off-site activities and these will be carried out in accordance with the school's Educational Visits Policy.	Signed  Date

<b>Internet use</b>	
I/we agree to my/our child having access to the Intranet and Internet via the Telford & Wrekin Network. This is a monitored system giving the children the opportunity to have safe access to the Internet as a learning tool. We also access with other schools, video conferencing & protected e-mail. We as a school along with Telford & Wrekin Council do all we can to ensure children have safe Internet access to appropriate material but parents and carers must decide if they would like their children to be included on the system. School will respect the wishes of parents and carers in deciding whether or not to allow access. Before being allowed to use the Internet, all children must have parental permission.	Signed  Date

**Please return this form to the main school office**

<b>Last name</b>		<b>Date of birth</b>	
<b>First name</b>		Nursery only	Birth certificate seen y/n
Known as		Gender	male / female
Admission date		Year Group	

<b>Parents / guardians</b>		
Names		
Address of parent / guardian		
Contact	Home – Mobile – Work – Email –  I am happy to receive text messages / emails from school   yes/no	Home – Mobile – Work – Email –  I am happy to receive text messages / emails from school   yes/no
Relationship to child	Do you have parental responsibility yes / no	Do you have parental responsibility yes / no
Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements eg does your child only live with one parent? Are you the child's legal guardian? Are there any legal access arrangements that we need to be aware of?		

<b>Emergency contact details (in order of priority)</b>			
Name	Relationship to child	Contact number(s)	Authorised to collect child yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
Password – please provide a password to use if your child is collected by someone different			

Ethnicity – please tick one box			
<b>White</b>		<b>Mixed/dual background</b>	
British		White and Black Caribbean	
Irish		White and Black African	
Gypsy / Roma / Traveller		White and Asian	
Any other white background		Any other mixed background	
<b>Asian/Asian British</b>		<b>Black or Black British</b>	
Indian		African	
Pakistani		Caribbean	
Bangladeshi		Any other Black background	
Any other Asian background		<b>Any other ethnic group, please write in</b>	
<b>I do not wish an ethnic background category to be recorded</b>			

Other information			
Country of child's birth		Nationality	
What language(s) is/are spoken at home?			
If English is not the main home language, will this be your child's first experience of speaking English?			yes/no
Brothers and sisters – please give name, age and name of school (as appropriate)			
What is the main religion of your family?			
Is there any additional information we need to know in respect of your family's religious beliefs?			
Method of travel to school / nursery (please circle)	Bike train bus walk car coach taxi other		

Disability	
Are you, your child, or any of your immediate family members registered as disabled?	yes/no
Please give details of any special requirements eg access and who needs them	
Do you, your child or immediate family members have any other (non-registered) special needs?	yes/no
Please give details of any special requirements eg access and who needs them	

Pupil Premium			
Eligible for Free School Meals	yes / no	Ever 6 (entitled to FSM in last 6 years)	yes/ no
Forces family	yes / no	Looked after child	yes/no

Medical information	
Child's doctor	
Doctors surgery & telephone number	
Please give details of any medical or health needs eg asthma, allergies, special dietary requirements , medical conditions etc	
My child has been diagnosed with Asthma	Yes/no If yes, please ensure an Asthma Care Plan is completed
In the event of an emergency I/we give my/our consent for my/our child to be given medical / first aid treatment and/or be taken to hospital in an emergency when my consent to treatment cannot reasonably be obtained	Signed  Date
(Nursery only) Child's Health visitor	
I give my consent for information to be shared with my health visitor, including the assessment for the 2 year old check.	Signed  Date

Additional Support
If your child has a social worker for any reason, please provide their name and contact details. If your child has a child protection plan, please state this below but do not disclose and specific details about this on this form.
Are you receiving any help or support eg Children's Centre Services, Sure start, Early Intervention, Home Start, TCDC, Stepping Stones, Health Visitor, Speech & Language etc? Please provide details below.