

**GREAT BARFORD PRIMARY ACADEMY - INTERNAL REGISTRATION FORM**

**REGISTRATION FORM FOR : NURSERY/MAIN SCHOOL/WRAP AROUND CARE/HOLIDAY CLUB**

(Please delete as applicable)

CHILD'S DETAILS		
LEGAL FORENAME:.....	MIDDLE NAME.....	DATE OF BIRTH:.....
LEGAL SURNAME: .....	SEX: M/F	
PREFERRED NAMES: .....		
HOME ADDRESS: .....		
MOBILE PHONE NUMBER: .....	HOME PHONE NUMBER: .....	
PREVIOUS SCHOOL(s): Please give name(s),address(es) and dates attended:.....		
.....		

SIBLINGS - <i>This section is used for on-line consultation bookings</i>		
NAME:	D.O.B	SCHOOL
.....	.....	.....
.....	.....	.....

DOCTOR	
NAME:.....	PHONE NUMBER:.....
ADDRESS:.....	
<b>Do you give permission for the school to contact a Doctor if necessary? YES/NO (please delete as applicable)</b>	

MEDICAL INFORMATION: Please complete this section with any details of any condition we should be aware of.
.....
.....

SPECIAL DIETARY REQUIREMENTS: Please complete the section below if your child has any specific dietary requirements:
.....

RELIGIOUS DIETARY REQUIREMENTS: Please complete the section below if your child has any specific dietary requirements:
.....

COURT ORDERS:
Any court orders applicable to your child? YES/NO
If yes please give details:.....

**DISABILITY**

Please tick all relevant boxes from the list below to best describe your child's circumstances:

- |   |  |
|---|--|
| <input type="checkbox"/> No Disability                      | <input type="checkbox"/> Problems with Language              |
| <input type="checkbox"/> Problems with Mobility             | <input type="checkbox"/> Problems with Hearing               |
| <input type="checkbox"/> Problems with Hand Function        | <input type="checkbox"/> Problems with Vision                |
| <input type="checkbox"/> Problems with Personal Care        | <input type="checkbox"/> Problems with Behaviour             |
| <input type="checkbox"/> Problems with Eating &D & Drinking | <input type="checkbox"/> Problems with Consciousness         |
| <input type="checkbox"/> Problems with Medication           | <input type="checkbox"/> Problems with ASD/Aspergers         |
| <input type="checkbox"/> Problems with Incontinence         | <input type="checkbox"/> Problems with Palliative Care Needs |
| <input type="checkbox"/> Problems with Communication        | <input type="checkbox"/> Other Disability/Health Problem     |

Has your child learned ENGLISH as an additional/second language? YES/NO (delete as applicable)

HOME LANGUAGE:.....

FIRST LANGUAGE:.....

The language that is used predominately at home

The first language your child was exposed to during early years

**ETHNICITY:**

Please select one box only from the list below to identify the ethnic background of your child:

- |  |  |
|--|--|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> White and Black African                       |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> White and Asian                               |
| <input type="checkbox"/> Traveller of Irish Heritage                   | <input type="checkbox"/> Any other mixed background                    |
| <input type="checkbox"/> Gypsy/Roma                                    | <b>BLACK OR BLACK BRITISH</b>  |
| <b>ASIAN OR ASIAN BRITISH</b>  | <input type="checkbox"/> Caribbean                                     |
| <input type="checkbox"/> Indian  | <input type="checkbox"/> African                                       |
| <input type="checkbox"/> Pakistani                                     | <input type="checkbox"/> Any Other Black background                    |
| <input type="checkbox"/> Bangladeshi                                   | <b>Other</b>   |
| <input type="checkbox"/> Sri Lankan                                    | <input type="checkbox"/> Chinese                                       |
| <input type="checkbox"/> Any other Asian background                    | <input type="checkbox"/> Any other ethnic origin                       |
| <input type="checkbox"/> White and Black Caribbean                     | <input type="checkbox"/> I do not wish an ethnic origin to be recorded |

**PUPIL NATIONALITY: Please specify as required by the DFE**

NATIONALITY: .....

COUNTRY OF BIRTH: .....

**RELIGION**

Please tick one box from the following list to identify the religion of your child:

- |  |   |
|--|---|
| <input type="checkbox"/> Anglican          | <input type="checkbox"/> Methodist      |
| <input type="checkbox"/> Baptist           | <input type="checkbox"/> Muslim         |
| <input type="checkbox"/> Buddhist          | <input type="checkbox"/> No Religion    |
| <input type="checkbox"/> Christian         | <input type="checkbox"/> Other Religion |
| <input type="checkbox"/> Church of England | <input type="checkbox"/> Pentecost      |
| <input type="checkbox"/> Hindu             | <input type="checkbox"/> Roman Catholic |

<input type="checkbox"/> Jehovah Witness	<input type="checkbox"/> Sikh
<input type="checkbox"/> Jewish	<input type="checkbox"/> Unclassified
<input type="checkbox"/> Latter Day Saints	<input type="checkbox"/> United Reformed

**MODE OF TRANSPORT**

Please select one box only from the list below to identify the most common method of transport to school adopted by your child:

<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car
<input type="checkbox"/> Public Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Other

**PARENT /CARER DETAILS: Minimum of 2 required**

Please enter FULL details of **ALL** parents who have a **legal responsibility** for the pupil in the 2 boxes below, whether living at the same address or not, including step-parents. **All other contacts must be entered in the other contacts section.**

**1ST CONTACT:**

TITLE: MR/MRS/MISS/MS (delete as appropriate)

FULL NAME: ..... RELATIONSHIP to child : .....

D.O.B: ..... National Insurance Number: .....

HOME ADDRESS: .....  
 ..... POSTCODE: .....

EMAIL ADDRESS: .....@.....

OCCUPATION: .....

MOBILE PHONE NO: ..... WORK PHONE NUMBER: .....

Are you a serving member of a regular HM forces Military Unit (personnel Category 1 or 2)? YES/NO (delete as appropriate)

**2nd CONTACT**

TITLE: MR/MRS/MISS/MS (delete as appropriate)

FULL NAME: ..... RELATIONSHIP to child: .....

D.O.B: ..... National Insurance Number: .....

HOME ADDRESS: .....  
 ..... POSTCODE: .....

EMAIL ADDRESS: .....@.....

OCCUPATION: .....

MOBILE PHONE: ..... WORK PHONE: .....

Are you a serving member of a regular HM forces Military Unit (personnel Category 1 or 2)? YES/NO (delete as appropriate)

**The enclosed disclaimer must be completed for the school to be able to contact any additional contacts.**

**OTHER CONTACTS:**

Please give details of ALL other persons who you authorise to be contacted in an emergency.  
**Record them in the order in which you wish them to be contacted.**

PRIORITY	RELATIONSHIP TO CHILD	NAME:	CONTACT Nos:

3RD CONTACT			
4TH CONTACT			

If anyone else has Parental Responsibility please give details below:

.....

If you have Asylum status, please provide details:

.....

If you have Traveller status, please provide details:

.....

**CHILD COLLECTION PASSWORD:**

It is important that all children are collected by a responsible adult. To ensure this happens Great Barford Primary Academy operate a password system.

Children will only be allowed home with a different adult if they know the password and the school office have been informed in advance.

Password:.....

Signed: \_\_\_\_\_  
Parent/Guardian

**CONSENT FOR PHOTOGRAPHY:**

Please read the following requirements for photography within the school and sign

- \* I agree that any images I/we take of school activities will not be used inappropriately
- \* I agree that any images I/we take that include children other than our own will not be displayed on websites or in any other publications without all the parents permission
- \* I give permission for images to be taken of my child whilst at school or during school visits
- \* I give permission for images of my child to be displayed on the schools website

Signed: \_\_\_\_\_  
Parent/Guardian

**CONSENT FOR SCHOOL TRIPS AND OTHER OFF SITE ACTIVITIES:**

Please read the following and sign to give your child permission to participate

- \* To take part in school trips and other activities that take place off school premises and
- \* To be given first aid or urgent medical treatment during any school trip or activity

Signed: \_\_\_\_\_  
Parent/Guardian

**SUN CREAM CONSENT: NURSERY**

Please read the following requirements for suncream:

- \* I give permission for the staff at Great Barford Primary Academy to apply suncream to my child as necessary
- \* I will ensure my child has applied suncream before they arrive at Nursery
- \* Any suncream provided will be clearly labelled with my child's name

Signed: \_\_\_\_\_  
Parent/Guardian

**PG FILM CONSENT**

\* I give permission for my child/ren to watch carefully selected PG rated films within school

Signed: \_\_\_\_\_ Parent/Guardian

**FORM COMPLETED BY:**

Signed:..... DATE: .....

PRINT NAME:.....

**DATA PROTECTION ACT 1988**

Please note that personal details supplied on this form will be held and/or computerised by GBPA. This information will be disclosed to and held by the local authority, the department of education and the Standards Testing Agency. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations. Compliant with GDPR. Full policy on website.

..

e)

.

.



