



Russell Street School
Russell Street, Stony Stratford, Milton Keynes, MK11 1HJ.
Tel: 01908 563148. Email: office@russell-street-school.co.uk
Headteacher: Mrs Sandra Lewis

APPLICATION/REGISTRATION FORM

Please complete this form in BLOCK CAPITALS so the school record has the correct information relating to your child.
Please return to the school office and **attach a copy of your child's birth certificate including parent details.**

Pupil details:

Surname:		Legal Surname:	
First Name:			
Middle Names:			
Preferred name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Pupil address details:

House number and street:	
Town:	
City:	
County:	
Postcode:	
Home Phone Number:	

EMERGENCY CONTACT NUMBERS

It is extremely important that we are able to make contact with you during the day should there be a problem with your child. Please therefore give daytime details and at least one other contact person in the order in which they should be contacted. Please give names and address of both parents (where possible).

Contact 1 (Parent) – Contact details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other
Full name:	
Address:	
E-mail address:	
Date of Birth *	National Insurance Number: *
Mobile:	Order to call: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Home:	Order to call: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work:	Order to call: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Relationship to child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
	Parental Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No

* Required for checking Pupil Premium eligibility

Contact 2 (Parent) – Contact details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other		
Full name:			
Address:			
E-mail address:			
Mobile:		Priority order:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Home:		Priority order:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work:		Priority order:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Relationship to child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact 3 (Please note that by providing this information you are acknowledging that you have first sought their permission)

Full name:	
Mobile phone:	
Home phone:	
Work phone:	
Relationship to child:	

Contact 4 (Please note that by providing this information you are acknowledging that you have first sought their permission)

Full name:	
Mobile phone:	
Home phone:	
Work phone:	
Relationship to child:	

Sibling details (Please provide names and dates of birth of all brothers and sisters)

Name	Date of Birth	Current School (if appropriate)

Nursery Playgroups attended:

Playgroup/Nursery/Preschool Name:	
Contact Telephone Number:	
Address:	

Ethical

First Language		Home language	
Religion		English as a second language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth		Nationality	

Our **ethnic background** describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** Please tick one box below to indicate the **ethnic background** of the pupil.

White	Mixed or Dual Background	Black or Black British
<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European <input type="checkbox"/> Other White British	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Indian <input type="checkbox"/> White and Pakistani <input type="checkbox"/> White and any other Asian <input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Ghanaian <input type="checkbox"/> Nigerian <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somali <input type="checkbox"/> Other Black African <input type="checkbox"/> Any other Black background
Asian or Asian British	Other Groups	
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Asian and any other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Any other (please state) <input type="checkbox"/> I do not wish an ethnic category to be recorded	

Pupil Medical Details:

Doctors name:	
Doctors surgery name:	
Doctors surgery address:	
Doctors surgery phone number:	

Pupil Additional information

Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have an EHC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child vegetarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has either parent worked for HM armed forces in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child in care to a Local Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have dietary requirements? (e.g. halal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take regular medication? (e.g. asthma inhaler, epipen)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any medical problems likely to cause difficulty while attending school? (e.g. emotional, diet, fits, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any of the questions above, please provide more information below:

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Travel Arrangements (Please tick one)

Walk	<input type="checkbox"/>	Public transport	<input type="checkbox"/>
Private car/van	<input type="checkbox"/>	Local Authority transport	<input type="checkbox"/>

Pupil Premium:

If you claim Income support, Employment & Support Allowance, Child Tax Credit (with a combined family income of less than £16,190) Universal Credit, National Asylum Seekers Support or Guaranteed Element of Pension Tax Credit, you may be eligible for pupil premium. Children who are eligible for pupil premium may be entitled to free school visits, subsidised Extra Curricular Clubs and music lessons.

Parents can check online for pupil premium eligibility <https://www.cloudforedu.org.uk/ofsm/sims> or the school can check on your behalf.

Any other details

Please give details of any special family circumstances that the school should be aware of, for example if the child's parents are separated, divorced or deceased. Please also state if the child is part of a single-parent family.

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Is your child subject to a residency or court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details of the person who has the order:	
Please confirm access rights of any other parent:	

Consent Declarations

Consent Declarations	Please tick all appropriate
I hereby give permission for my child to be taken out on walks and visits in the local area.	<input type="checkbox"/> Yes
I hereby give consent to the school taking my child to hospital in an emergency.	<input type="checkbox"/> Yes
I hereby give permission for my child to access the internet.	<input type="checkbox"/> Yes
I hereby give consent for photographs of my child to be taken. I agree that these may be published in school on displays, in school documents, on the school website, and in the local press.	<input type="checkbox"/> Yes
I hereby give consent for Russell Street School to contact previous settings regarding transition information.	<input type="checkbox"/> Yes
I hereby give consent for Russell Street School to use the information I have provided (including my date of birth and National Insurance number) to check for pupil premium eligibility.	<input type="checkbox"/> Yes

The following information is optional.

If there is anything the school needs to know about you and/or your partner/spouse that might affect your access needs, e.g. do you need wheelchair access, information in large print or do you have a hearing impairment please use this space to let us know:

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GDPR and Data Protection Act 2018: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

Signed:		Date:	
Name (please print):		Relationship to child:	