



Brighton & Hove City Council

PUPIL REGISTRATION FORM [CONFIDENTIAL] TO BE RETURNED TO THE ALLOCATED SCHOOL

Name of School:.....

All schools are required by law to keep on record details of children admitted. Please complete this form in **BLOCK CAPITALS** and hand it into the school office when accepting your child's place. **If your child is starting Primary education for the first time their birth certificate should be presented to the school for a copy to be placed on their file.**

PUPIL DETAILS

Legal Surname: _____

Legal Forename: _____

Middle name(s): _____

Preferred Surname: _____

Preferred Forename: _____

Gender: **Male / Female** *(delete as applicable)*

Date of birth: _____

ADDRESS DETAILS

Home		Second Home / Other	
Flat/Apartment No.	_____	Flat/Apartment No.	_____
Block Name:	_____	Block Name:	_____
* House No./Name:	_____	House No./Name:	_____
* Street:	_____	Street:	_____
* Town/City:	_____	Town/City:	_____
* County:	_____	County:	_____
* Postcode:	_____	Postcode:	_____
*required fields		Type:	<i>Term Time / Overseas / Other</i>

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason:	_____	Dates Applicable:	_____
Name:	_____		
Address:	_____		

CONTACTS

Parent/Carer: Mr/Mrs/Ms/Miss/Other				Parent/Carer: Mr/Mrs/Ms/Miss/Other												
Forename:				Forename:												
Surname:				Surname:												
Address (if not home address above):				Address (if not home address above):												
Post Code:				Post Code:												
Date of Birth*:	DD	MM	YY	Date of Birth*:	DD	MM	YY									
National Insurance or NASS Number:								National Insurance or NASS Number*								
<p>*This information will be used by the Council to check for eligibility to claim additional grant money (the 'pupil premium') from central government. It will be used for no other purposes and will remain confidential to the Council.</p>																
Tel No's:	Home:			Tel No's:	Home:											
	Mobile:				Mobile:											
e-mail:				e-mail:												
Work: (for emergency use. Please state days / hours worked) Address:				Work: (for emergency use. Please state days/ hours worked) Address:												
Tel No:				Tel No:												
Occupation:				Occupation:												
Priority to contact in an emergency: 1st 2nd 3rd 4th 5th				Priority to contact in an emergency: 1st 2nd 3rd 4th 5th												
Parental Responsibility: Yes / No				Parental Responsibility: Yes / No												
Relationship to child:				Relationship to child:												
With whom does the child live?																
Please attach a copy of any court orders relating to your child. Please tick if attached <input type="checkbox"/>																

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY EDUCATION ACT 1996

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

Name (and relationship to child):			
Home Address:		Work Address:	
Post Code:		Post Code:	
Tel No's:	Home:	Tel No's:	Work:
	Mobile:		Mobile:
Is the child resident with foster parents:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes'; which Authority is financially responsible for maintenance? _____			

ADDITIONAL EMERGENCY CONTACTS

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in the order of contact preference.

No	Name & relationship to the child	Parental responsibility	Daytime address and telephone number <i>(if same as child's home address please write home)</i>
1	Priority to contact in an emergency 1 2 3 4 5	Yes/No <i>(delete as required)</i>	Address: Phone:
2	Priority to contact in an emergency 1 2 3 4 5	Yes/No <i>(delete as required)</i>	Address: Phone:
3	Priority to contact in an emergency 1 2 3 4 5	Yes/No <i>(delete as required)</i>	Address: Phone:

MEDICAL INFORMATION

DOCTOR
Surgery Name and Address and Tel No:
Doctor's name:

DIETARY NEEDS
<input type="checkbox"/> Artificial colour allergy <input type="checkbox"/> Gluten free <input type="checkbox"/> Kosher food only <input type="checkbox"/> No dairy produce <input type="checkbox"/> No nuts of any type/quantity <input type="checkbox"/> No pork <input type="checkbox"/> Halal <input type="checkbox"/> Seafood allergy <input type="checkbox"/> Vegetarian <input type="checkbox"/> No beef <input type="checkbox"/> Other (please specify)

MEDICAL INFORMATION	
Medical Information <i>(including allergies, medication requirements)</i>	
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Arthritis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> A.D.H.D. <input type="checkbox"/> Other (please specify)	
If your child uses an inhaler, is it carried on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any other services been involved with your child (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc)	
Is there any other information you feel we should be aware of? (E.g. does your child have Special Educational Needs?)	
Other children in the family. Names/relationship/Ages/School <i>(This information will only be used in relation to this submission to the school)</i>	Position of the child this form refers to in the family (i.e. if this child has one older and younger sibling – write 2/3)

ETHNIC/CULTURAL INFORMATION

Please complete the following, this will help us to see how well children from different groups are doing. We want to make sure that **all** children are treated fairly and do well at school.

ETHNICITY

White <input type="radio"/> British <input type="radio"/> Irish <input type="radio"/> Traveller of Irish Heritage <input type="radio"/> Gypsy/Roma <input type="radio"/> Any other white background Asian or Asian British <input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Any other Asian background	Mixed <input type="radio"/> White & Black Caribbean <input type="radio"/> White & Black African <input type="radio"/> White & Asian <input type="radio"/> Any other mixed background Black or Black British <input type="radio"/> Caribbean <input type="radio"/> Other Black African <input type="radio"/> African Sudanese <input type="radio"/> Any other Black background	Chinese <input type="radio"/> Chinese Other <input type="radio"/> Any other ethnic group
		Nationality

RELIGION

<input type="radio"/> Buddhist	<input type="radio"/> Christian	<input type="radio"/> Hindu	<input type="radio"/> Jewish	<input type="radio"/> Muslim
<input type="radio"/> Roman Catholic	<input type="radio"/> Sikh	<input type="radio"/> No Religion	<input type="radio"/> Other _____	

CHILD'S FIRST LANGUAGE

<input type="radio"/> Arabic <input type="radio"/> Chinese <input type="radio"/> Dutch <input type="radio"/> German <input type="radio"/> Hebrew <input type="radio"/> Norwegian <input type="radio"/> Punjabi <input type="radio"/> Swedish <input type="radio"/> Urdu	<input type="radio"/> Bengali <input type="radio"/> Mauritius / Seychelles Creole <input type="radio"/> English <input type="radio"/> Greek <input type="radio"/> Hindi <input type="radio"/> Polish <input type="radio"/> Spanish <input type="radio"/> Welsh <input type="radio"/> Danish	<input type="radio"/> French <input type="radio"/> Gujarati <input type="radio"/> Italian <input type="radio"/> Portuguese Other
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ADDITIONAL INFORMATION

SCHOOL HISTORY (for parents / carers to complete)

PREVIOUS EDUCATION DETAILS (Most Recent First)				
School / Pre-School Name	Contact Details	Date of arrival <small>(dd/mm/yy)</small>	Date of leaving <small>(dd/mm/yy)</small>	Reason For Leaving
	Address: Telephone:			
	Address: Telephone:			
	Address: Telephone:			
<i>For pupils being admitted into the Reception Year only, please include the number of terms spent in pre-school education; where known</i>				

TRAVEL TO SCHOOL

- | | | | |
|---------------------------------|-----------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Cycle | <input type="radio"/> Car | <input type="radio"/> Bus - public | <input type="radio"/> Bus - school |
| <input type="radio"/> Taxi | <input type="radio"/> Walk | <input type="radio"/> Bus – not known | |
| <input type="radio"/> Car Share | <input type="radio"/> Train | <input type="radio"/> Other | |

MEALS (Please note this is not an application for Free School Meals) – Please tick if appropriate

- | | |
|---|---|
| <input type="checkbox"/> I currently receive Free Meals for another child | <input type="checkbox"/> I think I am eligible to receive free school meals |
|---|---|

PARENTAL DECLARATION**DATA PROTECTION STATEMENT:**

The purpose of this form is to collect data for further processing within the school/LA systems. Your signature on this form implies your consent for the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Protection Commissioner's office and is subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with the school nurse and dental health.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

*I declare the above information to be correct to the best of my knowledge at the time of completion.
I agree to notify the school of any change in my child's circumstances.*

I agree to my child having dental, medical, hearing and nursing examinations or inspections. I understand that the headteacher must be informed of any conditions which might affect my child's education.

Signed: _____ Date: _____

If your family is receiving support from a Team Around the Family, please give the name and telephone number of the person you speak to about this (this person is often called the Lead Professional):

Other information which you feel to be relevant. Please state here if you consider yourself or your child to have a disability and please give details. Please also state if your child is privately fostered (this means living with someone who does not have legal parental responsibility for a period of 28 days or more).

FOR SCHOOL USE ONLY (save record to generate information)

Registration Group: _____	House: _____
* NC Year: _____ am/pm (if Nursery)	* Year Taught in: _____
* Enrolment Status: _____	Boarder Status: _____
* Admission Date: _____	Admission No: _____
Birth Certificate seen: <input type="checkbox"/> (Infant/Combined Schools only)	*required fields for SIMS

Please return this form to the Headteacher of the allocated school