

Parent-Pupil Registration Form

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| Pupil’s full name: |
| Preferred name: (if different) |
| Date of birth: / /  | Gender: Male / Female (please delete as appropriate) |
| Address: |
|  |
|  | Postcode: |
| Home tel. no: |
| E-mail: |
| Lives with: |

**Emergency Contacts** are very important to us. If your child becomes ill during the day, we need to be able to contact you or someone acting for you who is able to collect your child. Please give at least two emergency contact numbers. We suggest the number of one place of work and one other.

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| --- | --- | --- | --- | --- |
| **Priority** | **Name** | **Relationship to child** | **Telephone number** | **Phone type (Home/mobile/ work)** |
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| **Doctor:** |

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| **Medical conditions:** |

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| **Siblings in school:** |

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| **Please use this box to tell us any additional information you would like us to know about your child.**  |

**Essential welfare information**

This information is for our safeguarding team, to ensure your child’s transition is managed effectively. Please read the statements carefully. If you answer “Yes” to any of the statements, please give details.

|  |  |  |
| --- | --- | --- |
|  | **Yes/ No** | **Details (continue on the reverse of this form)** |
| My child has a Social Worker |  |  |
| My child has received support for attendance improvement |  |  |
| My child is a Young Carer |  |  |
| My child is open to an ‘Early Help’ |  |  |
| My child has a Startwell worker |  |  |
| My child has previously been a ‘Looked After Child’ |  |  |
| My child is privately fostered |  |  |
| My child is open to a Child Protection Order |  |  |
| My child is adopted from care |  |  |
| My child has received one to one support during primary school |  |  |
| My child has an EHCP (Education Health Care Plan) |  |  |
| My child has worked with an educational psychologist |  |  |
| My child has worked with CAMHS |  |  |
| My child is open to the TESS team |  |  |
| My child received free school meals |  |  |

**Ethnicity Statistics** - This information is for educational purposes and local/national government statistics, and will only be used to enhance the provision for all pupils at the school. Please tick the appropriate classification.

|  |  |  |
| --- | --- | --- |
| **Ethnic origin of child** | **Language normally spoken at home** | **Religion of child** |
| **White** | Bengali | Christian |
| * British
 | Cantonese | Hindu |
| * Irish
 | English | Jewish |
| * Traveller of Irish heritage
 | Greek | Muslim |
| * Any other White background
 | Gujarati | Sikh |
| **Mixed**  | Hindi | No religion |
| * White & Black Caribbean
 | Italian |  |
| * White & Black African
 | Portuguese |  |
| * White & Asian
 | Punjabi |  |
| * Any other mixed background
 | Spanish |  |
| Asian or Asian British | Turkish |  |
| * Indian
 | Urdu |  |
| * Pakistani
 |  |  |
| * Bangladeshi
 |  |  |
| * Chinese
 |  |  |
| OTHER - please specify | OTHER - please specify | OTHER - please specify |

**CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES**

|  |  |
| --- | --- |
| Name of pupil: | Form: |

Your child will be given opportunities to leave the school site for various activities. All such opportunities will be supervised by Deanery staff adhering to strict risk assessments and adhering to statutory adult to child ratios. Some activities are part of school life and not always part of a “trip/ visit”. We therefore seek your consent to take your child on educational visits as part of the school day.

I give permission for my son/daughter to attend school organised trips and visits including:

* All off-site sporting activities in and outside the school day.
* All off site church services.
* Curriculum enhancement visits.

I understand that the school are still obliged to inform me of each trip and cannot take my child out of school without allowing the opportunity to withdraw my child from a trip/visit should I wish to.

I also give permission for first aid or urgent medical treatment to be administered to my child whilst on a school trip/visit.

**MEDICAL INFORMATION**

Please use this form to update your child’s medical information.

|  |  |
| --- | --- |
| Nature of condition |  |
| Medication |  |
| Allergies |  |
| Any other information |  |

Please note that for some trips a more detailed medical form must be completed prior to departure and handed to the trip organiser. In such cases, you will be provided with a detailed medical form.

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| Signed (Parent/Carer): |  |
| Print name: |  |
| Date: |  |

**Parental Consent for use of images of children**

Pupil’s full name:

Tick the appropriate box below.

|  |  |
| --- | --- |
|  | I **do give permission** for The Deanery Church of England High School and 6th Form College to use any video footage, photographs and/or frames and/or audio footage depicting my child, for any of the following uses: advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes. |
|  |  |
|  | I **do not give permission** for The Deanery Church of England High School and 6th Form College to use any video footage, photographs and/or frames and/or audio footage depicting my child, for any of the following uses: advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes. |

I understand that the above consents will apply throughout my child’s attendance at school, expiring one year from the date on which they leave.

|  |  |
| --- | --- |
| Signed (Parent/Carer): |  |
| Print name: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Signature** | **Date** |
| **Name in BLOCK capitals** | **Title** |

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| **Office Use Only** |
| Start date | Form |
| Single | Trial | Supported | Respite |