

Brown Clee C.E. Primary School



School Registration form: Confidential personal details for your child

SECTION A: CHILD'S DETAILS

1.	Your child's legal surname									
2.	Your child's legal forename(s)									
3.	Your child's "known as" surname – only if different from 1 above.									
4.	Your child's "known as" forename – only if different from 2 above.									
5.	Your child's date of birth	<table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
6.	Your child's full substantive address. This should be the child's main address.									
7.	Postcode (please print) NB: ensure it matches the Post Office website, inserting a space where necessary (e.g. SY22 5JH)	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
8.	Your child's full secondary address. This should be the child's main address.									
9.	Postcode (please print) (see note in 7 above)	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								
10.	Please indicate if the child resides at both of the above address exactly 50% of the time.	☐ Yes ☐ No								
11.	Does your child have any medical conditions (including asthma or allergies) that we need to be aware of? Please provide full details including any medication that is being taken orally or by injection.									
12.	The name of your child's doctor and contact telephone number.									
13.	The name, address and telephone number of your child's previous nursery/primary.									

SECTION B: CHILD'S PARENT/CARER DETAILS (1) - In cases of different addresses, this should be the parent that the child spends the majority of their time (if relevant)										
14.	Relationship to child									
15.	Your Title (Mr/Mrs/Miss/Ms/Rev etc)									
16.	First name									
17.	Surname									
18.	Full address									
19.	Postcode (see note in 7 above)									
20.	Home telephone number									
21.	Work telephone number									
22.	Mobile phone number									
23.	Email address (we will not divulge to any third party).									
24.	Are you a member of the armed forces or have ever served in the armed forces?	☐ Yes ☐ No								
SECTION C: PARENT/CARER DETAILS (2) – Please confirm that permission has been sought in providing this information (if providing on behalf of someone else).										
25.	Relationship to child									
26.	Your Title (Mr/Mrs/Miss/Ms/Rev etc)									
27.	First name									
28.	Surname									
29.	Full address									
30.	Postcode (see note in 7 above)									
31.	Home telephone number									
32.	Work telephone number									
33.	Mobile phone number									
34.	Email address (see note in 23 above).									
35.	Are you a member of the armed forces or have ever served in the armed forces?	☐ Yes ☐ No								

SECTION D: ADDITIONAL PARENT/CARER DETAILS (3) – Please confirm that permission has been sought in providing this information (if providing on behalf of someone else).

36.	Relationship to child										
37.	Title (Mr/Mrs/Miss/Ms/Rev etc)										
38.	First name										
39.	Surname										
40.	Full address										
41.	Postcode (see note in 7 above)										
42.	Home telephone number										
43.	Work telephone number										
44.	Mobile phone number										
45.	Email address (see note in 23 above).										

SECTION E: ADDITIONAL PARENT/CARER DETAILS (3) – Please confirm that permission has been sought in providing this information (if providing on behalf of someone else).

46.	Relationship to child										
47.	Title (Mr/Mrs/Miss/Ms/Rev etc)										
48.	First name										
49.	Surname										
50.	Full address										
51.	Postcode (see note in 7 above)										
52.	Home telephone number										
53.	Work telephone number										
54.	Mobile phone number										
55.	Email address (see note in 23 above).										

SECTION F: SCHOOL CONTACT

56.	Emergency contact number (s) – please list in the order you would wish us to contact.	1st	2nd	3rd	4th
57.	If your child has a before or after school carer (not named above) please give the name and telephone number				

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SECTION G: PERMISSION FOR ASPECTS OF EDUCATION			
I give the following permission in regard to my child:			Additional information
58.	Storing data (e.g. contact details, medical conditions etc.) as per our Privacy Notice.	☐ Yes ☐ No	
59.	Storing of phone numbers on school phone systems	☐ Yes ☐ No	
60.	Accessing the internet at school. (Please also see acceptable use agreement).	☐ Yes ☐ No	
61.	Copyright permission of any work produced	☐ Yes ☐ No	
62.	Involvement in daily worships and Religious Education.	☐ Yes ☐ No	
63.	Photographs included in promotional works (e.g. prospectuses)	☐ Yes ☐ No	
64.	Photographs included in signs/photos around school	☐ Yes ☐ No	
65.	Photographs on our school website	☐ Yes ☐ No	
66.	Photographs on school and church social media pages (e.g. Facebook)	☐ Yes ☐ No	
67.	Photographs to be used whilst representing school at events (e.g. Sports Partnership)	☐ Yes ☐ No	
68.	Photographs/names to appear in local, regional and national news	☐ Yes ☐ No	
69.	School photographs (i.e. formal photos for parents/carers to purchase)	☐ Yes ☐ No	
70.	School photos to be used on Arbor app so that child's image is linked to account (please note that this will only be seen by school and guardians accessing the portal)	☐ Yes ☐ No	
71.	Age-relevant sex education (Please see RSE Policy for further information)	☐ Yes ☐ No	
72.	Emergency first aid	☐ Yes ☐ No	
73.	Administration of paracetamol (Please note parent(s) will be contacted before this occurs)	☐ Yes ☐ No	
74.	Walking to church for services (e.g. Easter, Christmas, Leavers') (Please note that the dates of these will be shared on the website; however, individual specific permissions will not be sought each time).	☐ Yes ☐ No	
75.	School to register for free milk (for under 5s via CoolMilk). Child's name and DOB will be provided. (Please note: once your child turns 5, they will no longer receive this. You can, however, continue the option by signing up ahead of this (www.coolmilk.com)).	☐ Yes ☐ No	
76.	Access to free daily fruit (under 4-to-6-year-olds National Fruit Scheme).	☐ Yes ☐ No	

On the next couple of pages, we ask you about your child's Ethnicity, Religion, Language and how your child normally travels to school. You have every right to refuse to give any of the following information and any information given can be retracted at a later stage by informing the school. However, completion of the following sections are all useful for us as a school.

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SECTION H: ETHNIC BACKGROUND (based on the Census ethnic categories)

77. 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. <i>Ethnic background is not the same as nationality or country of birth.</i> Please study the list below and tick <u>one box only</u> to indicate the ethnic background of your son or daughter named above.			School use
White	English		WENG
	Scottish		ESCO
	Welsh		WWEL
	Cornish		WCOR
	White Eastern European		WEEU
	White Western European		WWEU
	Other White British		WOWB
	Irish		WIRI
	Traveller of Irish Heritage		WIRT
	Gypsy/Roma		WROM
	White - Other		WOTW
Mixed	White and Black Caribbean		MWBC
	White and Black African		MWBA
	White and Asian		MWAS
	Any other mixed background		MOTH
Asian or Asian British	Chinese		CHNE
	Indian		AIND
	Pakistani		APKN
	Bangladeshi		ABAN
	Any other Asian background		AOTH
Black or Black British	Caribbean		BCRB
	African		BAFR
	Any other Black Background		BOTH
Other	Any other ethnic background		OOTH
	I DO NOT wish to give this information		REFU
COUNTRY OF BIRTH:			
* White Eastern European includes those from Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Serbia & Montenegro, Slovak, Slovenia and Ukraine. ** White Western European includes those from Austria, Belgium, Denmark, Finland, France, Germany, Holland, Italy, Luxembourg, Malta, Norway, Portugal, Spain, Sweden and Switzerland. Please do not use WOTW if you can tick WEEU or WWEU.			

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SECTION I: CHILD'S RELIGION

78.	Christian		Jewish		Sikh	
	Hindu		Muslim		Buddhist	
	No religion		Other religion		I DO NOT wish to give this information	

SECTION J: FIRST LANGUAGE AND HOME LANGUAGE

First language is the language to which your child was initially exposed during early development and continues to use this language in the home or the community. If a child acquired English, subsequent to early development, English cannot be denoted as their first language no matter how proficient they have become. On this basis, please tick the appropriate box for what you therefore consider to be your child's first language:

79.	English (ENG)		Other than English (OTH)	
	I DO NOT wish to give this information (REFU)			
	If you selected OTH, please name your child's first language			
80.	Please state your child's home language which is predominantly used in the home or in the community			

SECTION K: TRAVELLER STATUS (NON-ETHNIC)

81.	Traveller (Other)		Occupational Traveller	
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SECTION L: LOOKED-AFTER INFORMATION

Children adopted from care on or after 30 December 2005, as well as those who left care under a special guardianship order or residence order (now known as a child arrangements order) attract a significant sum of additional funding to schools to be used to help support your child's academic progress and attainment. If this is applicable to your child, we would be grateful if you could indicate (with a tick) which category below he/she falls into. It should be emphasised that the offering of this information is purely voluntary and parents are under no obligation to do so. **Please leave blank if not relevant.**

82.	Ceased to be looked after through adoption	
	Ceased to be looked after through a Special Guardianship Order (SGO)	
	Ceased to be looked after through a Residence Order (RO)	
	Ceased to be looked after through a Child Arrangement Order (CAO)	

SECTION M: TYPICAL INTENDED MODE OF TRANSPORT

83.	Walk (WLK)		Public Service Bus (PSB)	
	Cycle (CYC)		Other Bus (BNK)	
	Car/Van (CAR)		Taxi (TXI)	
	Car Share (CRS)		Train (TRN)	
	Dedicated School Bus (DSB)		Other (OTH). Specify: _____	
	I DO NOT wish to give this information (REFU)			

SECTION N: CONFIRMATION

I confirm that the information that I have provided is true and accurate and that I have permission to provide any information on behalf of others that I have included. I understand that the information that has been provided will only be used for the purposes indicated within the school's Privacy Notice.

Name:		Signed:		Date:	
Name:		Signed:		Date:	

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Food Safety Management Form - Special Diets Information / Allergen Form

Please fill in this form in BLOCK CAPITALS and return it to Mrs. Lloyd at the main office if your child has any intolerance, special diet or allergies.



Section A : General Details

		Please include an up-to-date photo
Child's Full Name		
Class and Year Group		
Your name		
Your relationship to the child		

Section B : Declaration

I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information in this form isn't about my child's food preferences.

Parent / Carer Signature		Date	
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Section C : Allergen Details

Does your child have a food allergy? if YES, fill in Section C. If NO go to Section D.

Please include as much information as possible about your child's food allergy in the space below. For example:

- Can they tolerate products that say 'may contain traces'?
- What types of nuts are they allergic to or should they avoid all nuts?
- Should they avoid all forms of the allergen, or can they tolerate some forms, for example raw, baked or cooked?

If possible, please provide a copy of any relevant medical assessment or confirmation. We cannot completely guarantee the entire absence of any specific allergen, but our team will be happy to talk to you about what we do in the kitchen to reduce the risks of allergen cross-contamination.

Allergen	Tick if YES	Additional Information
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Fish		
Milk		
Molluscs		
Lupin		
Mustard		
Nuts		
Peanuts		
Sesame Seeds		
Soya		
Sulphur Dioxide (Sulphites)		

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Other Food Allergies

(If YES please provide as much information as possible about your child's condition here:

Does your child have an adrenaline auto-injector?

Section D : Other Dietary-Related Conditions

Does your child suffer from a medically diagnosed dietary-related condition (like coeliac disease)? If YES, please provide as much information as possible about your child's condition here:

Does your child have any food intolerances? This may or may not be medically diagnosed. If YES, please provide as much information as possible about your child's condition here: