ALL INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE

SHARPS COPSE PRIMARY SCHOOL
PUPIL REGISTRATION FORM

1. Child's Details:

Surname as registered on birth certificate: ……

All Forenames:

DoB: **Male** □ **Female** □

To be Known as:

Original Birth Certificate provided & copied: **Yes** □ **No** □

Permanent Address:
Town:
County:
Post Code:

Ethnic Origin:

Religion:

Original evidence provided & copied: **Yes** □ **No** □

Home Language:

2a. Parent(s)/Carer(s)/Guardian(s) who share responsibility for the child:

Mothers Full Name: ***Mrs/Ms/Miss***

Address:
Town:
County:
Post Code:

Tel:

Mobile: **Work:**

email:

Fathers Full Name: ***Mr***

Address:
Town:
County:
Post Code:

Tel:

Mobile: **Work:**

email:

2b. Parent(s)/Carer(s)/Guardian(s) National Insurance Details:

NI No:

DoB:

NI No:

DoB:

2c. Emergency Contact Details: *It is a legal requirement to provide details for emergency contact Purposes*

1st Contact's Full Name: ***Mr/Mrs/Ms/Miss***

Address:
Town:
County:
Post Code:

Relationship to child:

Tel:

Mobile:

email:

2nd Contact's Full Name: ***Mr/Mrs/Ms/Miss***

Address:
Town:
County:
Post Code:

Relationship to child:

Tel:

Mobile:

email:

3. Custody and Court Orders:

The school needs to know of any Court Orders affecting your child; please indicate whether any order is in force for your child:

- **Please specify eg, residence, contact/access, prohibited steps, specific issues etc:**
- **Please indicate which Court made the Order and the issue date:**
- **Original documentation provided & copied:** **Yes □ No □**

4. Other children in the family:

Name(s) in Full:	**DoB:**	**Age:**
1.		
2.		
3.		
4.		

5. Family Doctor:

Name:

Address:
Town:
County:
Post Code:

Tel No:

Other Services:

who may have recently been involved with your child eg, Social Services, Educational Psychologist, Bilingual Support Service, Speech Therapist, Child & Family Guidance, Portage, Teacher Advisers, Assessment Unit, Diagnostic Unit etc.

6. Child's Health:

Health concerns eg, allergies, dietary needs, hearing, sight, special conditions, need for regular medication etc. Attach additional details if necessary.

7. Previous and Present schools attended:

Playgroups, Nursery, School etc,	Address	Date of Admission	Date of Leaving	Reason for Leaving

8. Other information:

Is there any other information that the school needs to be aware of eg, contact, language, religious considerations relating to custom, dress or prohibition etc. If either parent is a member of HM Forces, please give details.

- **Travel to school Arrangements:** **Walk □ Car □ Public transport □**
- **Lunch arrangements:** **Sandwiches □ School lunch □ Home □**

9. Consent to attend Off-site Activities and Educational Visits:

These activities and visits are usually during the school day, and hugely beneficial to your child's education. They are viewed as valuable learning experiences they may otherwise be unable to access.

Full risk assessments are undertaken and safety procedures followed in accordance with HCC and DFEs policies and guidance.

- **I give permission for my child to leave the school site, accompanied by an adult to attend Off-site Activities and Educational Visits during the school day.**

Yes □ **No** □

10. Consent for Using Images & Recordings of Children for Educational & Publicity Purposes:

The school takes photographic images and recordings of children for use in their school and course work, using audio and visual recording devices including (but not limited to) film or digital camera, video camera, sound recording equipment and other electronic devices. These images and recordings may also be used on the schools website and will therefore be in the public domain.

The school will not use children's full names, email addresses, postal addresses, telephone numbers or fax numbers, unless for good reason eg, if a child has won an award. Only images and recordings of children who are suitably dressed will be used to reduce the risk of inappropriate use.

Images and recordings are often transferred electronically or by post between other educational establishments by school staff for educational and promotional purposes.

The school will endeavour to make sure that all images or recordings are stored safely and are only used in an appropriate and responsible manner.

- **I give permission for the school to use my child's images and recordings taken during the course of their work in school for educational and promotional purposes.**

Yes □ **No** □

11. Consent for Brushing Teeth in School – Saving Smiles:

The school works together with the local Oral Health Promotion Team to help improve oral hygiene and reduce tooth decay. Therefore, tooth brushing has now become part of the school's daily routine where all children brush their teeth in class after lunch.

A toothbrush is provided by the school for your child (renewed every term) and toothpaste containing 1450ppm fluoride, which is shared by their class for this purpose.

- **I give permission for my child to brush their teeth in school using fluoride toothpaste.**

Yes □ **No** □

12. Consent for Special Educational Needs (SEN) Outside Agency Referral:

The school may need to seek advice from outside agencies for your child if identified as requiring additional support for their well-being and education, which could include Speech & Language, Educational Psychologist, NHS, Children & Adult Mental Health Services (CAMHs), Outreach, School Nursing Services etc.

The school will always advise you in the first instance if needs have been identified, usually before a referral is made, and will keep you updated of the outcome along with any recommendations of support.

- **I give permission for my child's relevant information to be shared by the school with any of the above or appropriate agencies which may include family medical and home circumstances**

Yes □ **No** □

13. Responsible Internet Use:

The school uses computers and internet connections for teaching and learning purposes, and have implemented the following rules to help us to be fair to others and to keep everyone safe:

a) I will ask permission before entering any website unless my teacher has already approved that site;
b) On the network, I will only use my login details;
c) I will not look at or delete other people's files;
d) I will ask permission before bring in floppy discs, data keys/memory sticks;
e) I will only e-mail people I know, and if my teacher has first approved;
f) The messages I will send through games sites will be polite;
g) I will ask permission before opening or sending an e-mail;
h) I will not use the internet chat;
i) If I see anything I am unhappy with, or receive messages I do not like, I will tell my teacher immediately;
j) I know that school will check my computer files and will monitor the internet sites I visit;
k) I understand that if I deliberately break these rules, I could be stopped from using the internet or computers.

- **I support the above rules for safe responsible internet and computer use, and will therefore ensure that my child follows them.**

Yes □ No □

14. School Rules:

As a whole school, we support and have agreed a set of rules to encourage good and acceptable behaviour which are:

a) We respect ourselves, other people and property;
b) We are kind and thoughtful to each other;
c) We do as we are asked the first time;
d) We keep ourselves safe;
e) We are here to do our best and enjoy learning.

- **I support the above school rules, and will therefore ensure that my child follows them. Yes □ No □**

15. Administering Medication

The school works together with parents/carers/guardians to support children with medical conditions and will not administer any medication to a child without the child's parents/carers/guardians permission. An individual health care plan will be created and maintained for children who are receiving long-term medication and will be reviewed annually, or sooner if required. Staff will also support children who are receiving prescribed medication for short term illness that needs to be administered during the school day. A 'Parental Agreement for Setting to Administer Medicines/Treatment Information' form will be created and maintained for children who are receiving support for short-term medication purposes.

- **I have read and understand the above information Yes □ No □**

16. Parent/Carer/Guardian Declaration:

- **I certify, that the information I have provided on this form, is to the best of my knowledge, correct.**
- **Please keep the school updated of any changes to circumstances ie, telephone numbers, change of address etc.**
- **The information provided is valid for the period of time that your child attends Sharps Copse Primary School, and will automatically expire after this time.**
- **Please note: The completion and submission of these registration details does not necessarily imply that the school has agreed to accept your child's placement.**

Signed: …….. Date: ……
Parent/Carer/Guardian

Print Name: ……

This information will be processed and held electronically by the school for administration and data purposes in accordance with the Data Protection Act 1998.