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/ Passport provided & copied: Yes No			
Permanent Address: Town:	Country of Birth:			
County: Post Code:	Nationality:			
Original evidence provided & copied – eg, House-	Home Language:			
hold Utility Bill or Bank Statement etc, containing child's permanent home address details	Ethnic Origin:			
Yes □ No □	Religion:			
2a. Parent(s)/Carer(s)/Guardian(s) who shar	e responsibility for the child:			
Mothers Full Name: Mrs/Ms/Miss	Fathers Full Name: <i>Mr</i>			
Address: (if not as above) Town: County: Post Code:	Address: (if not as above) Town: County: Post Code:			
Mobile:	Mobile:			
Tel: Work:	Tel: Work:			
email:	email:			
Home Language:	Home Language:			
2b. Parent(s)/Carer(s)/Guardian(s) National Insurance (NI) Details: Information used for Free School Meal (FSM) eligibility				
NI No:	NI No:			
DoB:	DoB:			
2c. Emergency Contact Details: ie, another member of the family or friend. It is a legal requirement to provide details for emergency contact purposes				
Contact's Full Name: Mr/Mrs/Ms/Miss	Contact's Full Name: Mr/Mrs/Ms/Miss			
Relationship to child:	Relationship to child:			
Mobile:	Mobile:			
Tel:	Tel:			

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, of	contact/access, pro	phibited steps,	specific issues	s etc:	
Please indicate which Court m	ade the Order and	the issue date:			
Original documentation providence	led & copied:				Yes 🗆 No 🗆
4. Other children in the family:					
Name(s) in Full:			DoB:		Age:
1.					
2.					
3.					
4.					
5. Family Doctor:			ther Service		
Name:		Educational F	d with your chi Psychologist, E apist, Child & F	Bilingual Supp	ort Service,
Address:		Teacher Advi	sers, Assessm		
Town: County:		etc.			
Post Code:					
Tel No:					
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 school					
Playgroups, Nursery, School etc,	Addre	SS	Date of Admission	Date of Leaving	Reason for Leaving
language if either p	ny other information, religious conside parent is or has bee ve details.	rations relating	to custom, dr	ess or prohibi	tion etc, and
Travel to school Arrangements	s: Walk 🛭 Ca	r 🛭 Public tra	insport 🗆		
Lunch arrangements:	Sandwiches	□ School It	unch 🗆 Ho	ome 🗆	

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:			
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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;
- If I see anything I am unhappy with, or receive messages I do not like, I will tell my teacher immediately;
- 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	
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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/quardians to support children with medical conditions and will not administer any medication to a child without the child's parents/carers/quardians 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	П	No	П
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16. Parent/Carer/Guardian Declaration:

- I certify that the information I have provided on this form, is to the best of my knowledge, correct.
- I will keep the school updated of any changes to circumstances ie, telephone numbers, including emergency contact details, change of address etc.
- I understand that the information and details I have provided is valid for the period of time that my child attends Sharps Copse Primary School, after which they will automatically expire.

Signed: Parent/Carer/Guardian	Date:
Print Name:	

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.

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