



St. Peter's Church of England Primary School

Opening doors with learning, faith and care.

Pupil Registration Form

Section 1 - Pupil Details

Child's First Name:	
Child's Middle Name:	
Child's Surname:	
Child Known As:	
Home Address:	
Post Code:	
Home Phone Number:	
Previous School/Nursery:	

Section 2 – Parent/Carer Details

Name (Contact 1):		Mr/Mrs/Miss/Ms
Relationship to Child:	Does this person have parental responsibility?	Yes/No
Address:		
Home Phone:	Mobile Phone:	
Work Phone:	Place of Work:	
E-mail Address:		

Name (Contact 2):		Mr/Mrs/Miss/Ms
Relationship to Child:	Does this person have parental responsibility?	Yes/No
Address:		
Home Phone:	Mobile Phone:	
Work Phone:	Place of Work:	
E-mail Address:		

Section 2a - Estranged Families

Complete this section if a parent/carer no longer has contact with a child.

Name of Estranged Person:		Mr/Mrs/Miss/Ms
Relationship to Child:	Does this person have parental responsibility?	Yes/No
Address:		
Home Phone:	Mobile Phone:	
Work Phone:	Place of Work:	
E-mail Address:		

Section 2b – Court Orders

Are there any court orders relating to your child currently in place?	Yes/No
Are there any court arrangement orders relating to parental contact in place for your child?	Yes/No
If yes, please give details (ie court dates and description of order):	
A copy of any court order pertaining to your child must be shared with the scho	ool before entry.

Section 3 – Census Information

Ethnicity:	
Nationality:	
Religion:	
First Language (if not English):	
Country of Birth:	

Section 4 – Emergency Contacts

In addition to parent/carer contacts listed above

Name (Contact 3):		Mr/Mrs/Miss/Ms
Relationship to Child:		
Address:		
Home Phone:	Mobile Phone:	
Work Phone:		

Name (Contact 4):		Mr/Mrs/Miss/Ms
Relationship to Child:		
Address:		
Home Phone:	Mobile Phone:	
Work Phone:		

Section 5 – Medical Conditions

Name and Address of Child's GP:			
Telephone Number:			
Does your child suffer fro	m any of the following on	going medical conditions?	Please circle
Hayfever	Asthma	Diabetes	Migraines
Eczema	Mobility Problems	Hearing Problems	Sight Problems
If any of the above apply, please give details: If your child requires an inhaler, please make arrangements for an additional inhaler so that this can be kept in school for your child. Inhalers must be clearly labelled with child's name and requirements.			
Does your child require g	lasses for school?		Yes/ No
In the last 12 months, ha medical treatment or on	s your child suffered from a going medication?	any conditions requiring	Yes/ No
If yes, please give details:			
Is your child allergic to any medication or treatment? (including plasters) Yes/ No			
If yes, please give details:			
Please provide details if your child has ever been involved with any other services (beyond GP and Health Visitor) eg. Speech therapists, Occupational therapists, social services:			
-	ency where you are not im our child to receive treatm	•	Yes/ No
It is important that you inform school immediately of any changes with regard to your child's medical conditions or if a new allergy or intolerance is identified.			

Section 6 – Dietary Information

Is your child allergic to an	y foods?	Yes/No
Allergy/ Intolerance details:		
Symptoms: What does this look like?		
Daily Care Requirements: What can we do to help on a daily basis?		
Does your child require a	special diet in school?	Yes/No
Please give details of dietary requirements:	If a special diet is required in school, the school kitchen will get in touc a specific menu for your child. Please note that for allergies/intolerance	, .
<i>be requested.</i> Throughout the year, children often have the opportunity to taste and cook foods as part of their learning adventure. Please sign below to give permission for your child to participate in food preparation and tasting with due consideration given to any allergies and dietary requirements identified above.		
Signed (Parent/ Guardian):	Date:

Section 7 – Specific Consent for use of Photographs, Publications and Local Media

As part of the school's compliance with General Data Protection Regulations, your consent is requested for the use of your child's image and name for the following purposes. We collect this consent information once, when your child begins school, however you are welcome to withdraw your consent at any time through requesting a new photograph permissions form.

I give my consent for the following information relating to my child to be used in s	school:
Individual Portrait Photographs (eg. from school photographs) to be stored on the Office secured hard drive (these are used for pupils' internal records).	Yes/ No
Class Photographs which will be shared with all parents of children in the class.	Yes/ No
Photographs of learning to be stored on the school's secure server (these are used to evidence learning and to celebrate success in school displays).	Yes/ No
Photographs of my child to be posted on the school website/ digital prospectus.	Yes/ No
Videos of my child to be posted on the school website/ digital prospectus.	Yes/ No
My child's name to be used on the school website.	Yes/ No
Photographs of my child to be used on the school newsletter.	Yes/ No
My child's first name to be used in the school newsletter.	Yes/ No
My child's image to be used in promotional materials used within school (e.g. printed posters on the internal walls).	Yes/ No
My child's image to be used in promotional materials to be distributed beyond the immediate school community (eg. advertisements, MAT website).	Yes/ No
My child's image to be used in the press (online and in paper format)	Yes/ No
My child's name to be used in the press (online and in paper format)	Yes/ No
Signed (Parent/ Guardian): Date	2:

Section 8 – Communications

As a school we use a communications App called Class Dojo to communicate with you. Information about this application and its use is available here: <u>https://www.classdojo.com/about/</u>. The application is GDPR compliant and the privacy information is available for you to review here: https://www.classdojo.com/privacycenter/ Within this platform we share photographs and videos of learning, newsletters, general school information and you can also use the application to send messages to your child's class teacher.

I give my consent for the school to communicate with me via Class Dojo.	Yes/ No	
Please share email addresses of up to 2 parents/carers who will be invited to	join Class Dojo:	
Do you give consent for your child's image to be shared within our school's Class Dojo community?	Yes/ No	
Do you give consent for your child's name to be shared within our school's Class Dojo community?	Yes/ No	

Section 9 – Annual Consent

Each year we gather a number of annual consents from you which cover the ways in which we work with you and your family. The information regarding each of these permissions can be accessed on our school website (link below) and we encourage you to review the contents and check that you are happy with them and that you have no further questions before signing below.

Annual Family Information Booklet

General Data Protection Regulations and Privacy Notice 2021			
The School's Privacy Notice is available for review on the school website, here. I consent to the information held for both my child and myself as parents / carers to be used as detailed in the school's Privacy Notice 2021-2022 for the benefit of my child's education and safety.			
Signed (Parent/ Guardian):	Date:		
General Educational Visits Consent – valid for the academic year 2021-2022			
In line with the General Educational Visit Consent Information included within the Family Information booklet, available here. I am happy for my child to:			
 a) Take part in school trips and other activities that take place off school premis (not included in the list of exceptions). 	es Yes/ No		
b) Be given first aid or urgent medical treatment during any school trip or activit	y. _{Yes} / No		
Signed (Parent/ Guardian):	Date:		

Use of ICT Systems in and out of school

I give permission for my son / daughter to have access to the internet and to ICT systems at school in line with the school's Acceptable Use Agreement, available here.

I understand that the school will take every reasonable precaution to ensure that young people will be safe when they use the internet and ICT systems.

I also understand that the school cannot ultimately be held responsible for the nature and content of materials accessed on the internet and using mobile technologies.

I understand that my son's / daughter's activity on the ICT systems will be monitored and that the school will contact me if they have concerns about any possible breaches of the Acceptable Use Policy.

I will encourage my child to adopt safe use of the internet and digital technologies at home and will inform the school if I have concerns over my child's e-safety.

When working at home, I will support my child in following the school's procedures for safe remote learning (eg. through TEAMs).

Signed (Parent/Carer):

Date:

Home-School Agreement

Our Home-School agreement outlines the expectations for all parties involved in your child's education. We ask that you read this <u>information</u>, available on the school website, carefully before signing below to confirm your agreement to uphold these responsibilities throughout the school year.

Signed (Parent/ Guardian):

Date:

Section 10 – Additional Funding

In some specific circumstances pupils are eligible for additional funding to help them with their education. This funding is used to provide educational experiences, such as trips and music lessons, at a reduced cost and also to provide support and intervention in school to ensure that they continually make exceptional progress throughout their time with us. To check if your child is eligible for any additional funding, we ask that all parents/carers complete the following information.

Eligibility for Services Pupil Premium		
Please answer yes/no on behalf of your child for each of the following statements:		
One of their parents is serving in the regular armed forces (including pupils with a parent who is on full commitment as part of the full time reserve service)	Yes/ No	
They have been registered as a 'service child' on a school census since 2016	Yes/ No	
One of their parents died whilst serving in the armed forces and the pupil receives a pension under the Armed Forces Compensation Scheme or the War Pensions Scheme	Yes / No	

Eligibility for Free School Meals

It is important that you complete the following questions, even if you do not wish for your child to take up a free school meal. Eligibility is linked to additional funding which will be used throughout your child's schooling to support their academic and wider development.

Please answer yes to any benefits you are eligible for (even if you are not claiming them) from the list below:

Child Tax Credit but not Working Tax Credit and a household income of no more than £16,190 per year.	Yes/ No
Income Support	Yes/ No
Income based job seekers allowance	Yes / No
Income related employment and support allowance	Yes / No
The guarantee element of state pension credit	Yes / No
I am an asylum seeker	Yes / No
Universal Credit (provided you have an annual net earned household income of no more than £7,400 as assessed by earnings from up to three of your most recent assessment periods). Your net income is your household income after taxes and deductions and does not include income from Universal Credit or any other benefits you may receive.	Yes / No

Consent to Check			
Do you give your consent for the school to check your eligibility for Free			
School Meals, Early Years Funding and Pupil Premium Funding based on the	Yes/No		
information provided above.			
Please provide your National Insurance Number for checking purposes:			
Please sign to confirm that the information above is accurate at the point of completion:			
Signed (Parent/ Guardian):	Date:		

Section 11 – OOSC Registration Form

St. Peter's offers a thriving on-site before and after school club. This provision runs from 7.45am until 5.45pm each day. Information regarding the club's offer, staffing, activities and fees is available on our school website <u>https://www.st-peters-hixon.staffs.sch.uk/parents/before-and-after-school-care/</u>

If you think your child may need to access this provision, we ask that you complete the OOSC registration form below.

Child's Name:				DOB:	
Parent/Carer Name:					
Parent/Carer Em	nail:				
Parent/Carer Mo	obile:				
Memorable Wor your child from (•	omeone out of th	e ordinary is collec	ting	
Out of School Ho	ours Emergency C	ontact Informatio	on		
	Co	ontact 1	Contact 2		Contact 3
Name:					
Relationship to (Child:				
Telephone 1:					
Telephone 2:					
Parental responsibility:	Y	′es/No	Yes/No		Yes/No
Any special med	ical requirements	that OOSC shou	d be aware of:		
Any special dietary requirements that OOSC should be aware of:					
In the event of an emergency where you are not immediately contactable, do you give consent for your child to receive treatment which is deemed urgently necessary?					
Which of the following sessions are you likely to need the OOSC? (please tick)					
Please note that th					k sessions as required.
NA	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Until 4.30					
Until 5.45					

OOSC Permissions

Do you give your permission for the OOSC to observe your child's development periodically in line with Ofsted expectations of Before and After School care? Such observations enable us to plan play opportunities which support your child's development.	Yes / No
Do you give permission for the OOSC to hold personal information about you and your child for the express purposes of education and child safety as outlined in the school's General Data Protection Privacy Notice?	Yes / No
Do you give permission for your child to join the OOSC on local walks and visits, eg. visiting the park/ Millenium Green? You will be notified of any planned excursions in advance.	Yes / No
Signed (Parent/ Guardian):	Date: