

Registration Form



1. Child details

Surname/family name on birth certificate _____ Male/Female _____

All forenames _____ To be known as _____

Previous surname _____ Ethnic origin _____

Date of birth _____ Religion _____

Birth certificate attached for checking: Yes/No _____ Home language _____

Address _____

Postcode _____ Home telephone number _____

Date of arrival in UK (if relevant) _____

2. Parent(s) / Guardian(s) (who share responsibility for the child) details

Name of Mother/Guardian	Name of Father/Guardian
Mrs/Miss/Ms _____	Mr _____
Address (if not above) _____	Address (if not above) _____
_____	_____
_____	_____
_____	_____
Place of work/contact _____	Place of work/contact _____
_____	_____
Daytime Tel No (&Ext) _____	Daytime Tel No (&Ext) _____
Mobile No _____	Mobile No _____
Email _____	Email _____

Emergency Contacts

If daytime contact is difficult, please give two persons who may be contacted in an emergency to act on your behalf.

Name	Relationship	Daytime Tel No	Location of contact
1 _____	_____	_____	_____
2 _____	_____	_____	_____

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: Yes/No

If so, please specify (eg residence, contact/access, prohibited steps, specific issues)

Please indicate which Court made the Order and the date: _____

4. Family doctor

Name _____

Address _____

Telephone number _____

Other services

Have any other services been recently involved with your child? Yes/No

If yes please specify eg Children's Services: Educational Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teachers Advisers; Assessment Unit; Diagnostics Unit etc)

5. Health concerns (eg hearing, sight, allergies, special conditions, need for regular medication etc)

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questions below so that we are able to support your child's health needs if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Does your child have a medical condition/health concern? Yes/No

Does your child have any allergies? Yes/No

If YES...

Does the medical/health condition need to be managed during the school day? Yes/No

Does your child take medication during the school day? Yes/No

Does your child Have a health care plan that should be followed in a medical emergency? Yes/No

If YES, please provide additional details below and attach further sheets if necessary

Does your child wear glasses? Yes/No
(please provide details below, e.g. long or short sighted)

10. Broadmoor Protocol

In the event of the siren sounding during the school hours, the school will run normally until the end of the day. Children will then need to be picked up at 3.15 pm. **No child will be dismissed without a parent/named person.** Please confirm arrangements for your child(ren) below. If you require further details, please refer to the enclosed 'Broadmoor Escape Warning Scheme' which outlines the full procedure that will be followed in the event an alert is heard. This document can also be found on our website.

In the event of a Broadmoor Alert being in operation at the end of the school day:
(please delete as appropriate)

- I shall collect my child(ren) personally.
- My older child at Yateley School will collect him / her / them.
- The following named person will collect my child(ren).

Named person: _____ Relation to child: _____

Contact number: _____

11. Local Trips

Throughout the school year, we often have the opportunity to take the children to various activities, during school time, in the local area, for example a trip to Yateley Library or a visit to the local churches. In order to take the children to these activities off site we must have parental permission. Please confirm below that you allow your child to take part in these local activities as they occur.

If give permission for my child to take part local activities as they occur Yes/No

Signed _____ (parent)

12. Photographs

To comply with the Data Protection Act 1998, we need your permission before we can photograph and make recordings of your child for use by the school. Please review the enclosed 'Image Permission Statements and Conditions', then sign below. This document can also be found on our website.

I confirm that I have received and reviewed the statements and conditions for the use of my child's image in school.

Signed _____ (parent)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing Service or other health professional who are involved in my child's care. I understand it is my responsibility to keep the school updated of any changes relating to my child.

Signature (s) _____ Print Name _____
(parent with parental responsibility)

Date _____

OFFICE USE ONLY

ID CHECK: Birth Certificate _____

Passport _____

NAME/ADDRESS VERIFICATION: utilities bill / bank statement / rental agreement /

(2 forms of confirmation required) other _____

Please contact the school if you wish to talk about this form