



Meole Brace School

Achievement · Respect · Community

REGISTRATION FORM

**On completion, please return to school.
At any time, you may ask what details we hold regarding your child.**

For Office Use only:		
Allocated Year and Reg Group	_____	
Date of Admission	_____	Admission No. _____

1.	Your child's <u>legal</u> SURNAME								
2.	Your child's <u>legal</u> FORENAME/S								
3.	Your child's <u>preferred</u> SURNAME (if different from above)								
4.	Your child's <u>preferred</u> FORENAME (if different from above)	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/>							
5.	Your child's date of birth	D	D	M	M	Y	Y	Y	Y
6.	Country of Birth								
7.	Nationality								
8.	Your child's full HOME address (including the postcode)								
		POSTCODE							
9.	Telephone no/s at your child's home address	Land line No.....							
	If there is no land line no. then mobile phone no.	Mobile No.....							

10.	<p>Medical Information Does your child have any medical condition (including asthma or ANY allergies) that we need to be aware of? Please provide FULL details including any medication that is being taken orally or by injection.</p>	
	<p>Please give the name of your child's medical practice, doctor and contact telephone number</p>	<p>Practice Name..... Telephone..... Doctor's Name.....</p>

I agree to First Aid being administered to my daughter/son if an emergency should occur at a time when my consent to that particular treatment cannot otherwise be obtained.

Yes No (Please circle)

I give my consent to any medical or surgical treatment deemed necessary by a qualified medical practitioner.

Yes No (Please circle)

11.	<p>Are you and/or spouse a member of the Armed Forces? (Your classification will be either PStat Cat 1 or 2; please note this only refers to Regular Forces and not the Territorials.)</p>	Yes	No (Please circle)
	<p>Have you and/or your spouse been a member of the Armed Forces in the last 6 years?</p>	Yes	No
	<p>Are you and/or spouse in receipt of a War Pension Scheme (WPS) or Armed Forces and Reserve Forces Compensation Scheme?</p>	Yes	No

12.	<p>Name, address and phone number (if you know it) of Previous School</p>	<p>Name..... Address..... Telephone.....</p>
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13.	School Meals (Please circle)	Paid School Meal	Sandwiches	Free School Meal
	Free School Meals	<p>Please let us know if your child is entitled to FSM as you will need to fill in a new application form when your child is admitted. If you are unsure, please ask.</p>		
14.	<p>Please let us know if your child has EVER received Free School Meals</p>	Yes	No (Please circle)	

15.	PARENT/CARER DETAILS – Priority 1	THIS SHOULD BE THE PARENT WITH WHOM YOUR CHILD RESIDES FOR THE MAJORITY OF THE WEEK						
16.	Surname (including title)	Mr/Mrs/Miss/Ms						
17.	First name							
18.	Your relationship to child							
19.	Full address							
20.	Postcode							
21.	Home telephone no.							
22.	Work telephone no.							
23.	Mobile phone no.							
24.	Email address (we will not divulge to any third party). Please print this in capital letters - we will insert it into our systems in lower case.							

25.	Priority 2	Do you live with the child? Yes No (please circle)						
26.	Surname (including title)	Mr/Mrs/Miss/Ms						
27.	First name							
28.	Your relationship to child							
29.	Full address – if different to child							
30.	Postcode							
31.	Home telephone no.							
32.	Work telephone no.							
33.	Mobile phone no.							
34.	Email address							

35.	ADDITIONAL CONTACT DETAILS – Priority 3	Do you live with the child? Yes No						
36.	Your relationship to child							
37.	First name							
38.	Surname (including title)	Mr/Mrs/Miss/Ms						
39.	Full address – if different to child							
40.	Postcode							
41.	Home telephone no.							
42.	Work telephone no.							
43.	Mobile phone no.							
44.	Email address							

Is there anyone else, such as a parent your child does not reside with fulltime, who is entitled to receive School Reports or written information from school such as Updates, Newsletters, Parents Evening letters, etc.

Please give full name and address of this person.

Name:.....

Relationship to child:.....

Full Address (including postcode)

.....

PLEASE KEEP THE SCHOOL INFORMED OF CHANGES TO ANY OF THE ABOVE INFORMATION – PARTICULARLY TELEPHONE NUMBERS.

On the following pages we ask you about your child’s Ethnicity, Religion, Mother Tongue and Language and how your child normally travels to school. You have the right to refuse to give any of the following information. However, if you complete each section, it may result in additional resources for the authority and the school. In relation to the mode of travel where, for example, part of the journey is by car and part is walking, please list the mode of transport used for the majority of the journey to school. This information can be used to great advantage for us when working on our School Travel Plan and with Shirehall colleagues in obtaining funding for Safer Routes to School.

A). Ethnic background (based on the Census ethnic categories)

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. ***Ethnic background is not the same as nationality or country of birth.*** Please study the list below and tick one box only to indicate the ethnic background of your son or daughter named above.

White

- English
- Scottish
- Welsh
- Cornish
- White Eastern European*
- White Western European**
- Other White British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

School use (SIMS codes)

- WENG**
- WSCO**
- WWEL**
- WCOR**
- WEEU**
- WWEU**
- WOWB**
- WIRI**
- WIRT**
- WROM**
- WOTW**

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

- MWBC**
- MWBA**
- MWAS**
- MOTH**

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

- AIND**
- APKN**
- ABAN**
- AOTH**

Black or Black British

- Caribbean
- African
- Any other Black background

- BCRB**
- BAFR**
- BOTH**

Chinese

- CHNE**

Any other ethnic background

- OOTH**

I DO NOT wish to give this information

- REFU**

* 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.

B). Please would you let us have your family’s religion by ticking one box below?

- | | | | | | |
|---|--|--------------------------|---|----------------|--------------------------|
| 1 | Christian | <input type="checkbox"/> | 5 | Sikh | <input type="checkbox"/> |
| 2 | Hindu | <input type="checkbox"/> | 6 | Buddhist | <input type="checkbox"/> |
| 3 | Jewish | <input type="checkbox"/> | 7 | No Religion | <input type="checkbox"/> |
| 4 | Muslim | <input type="checkbox"/> | 8 | Other Religion | <input type="checkbox"/> |
| 9 | I DO NOT wish to give this information <input type="checkbox"/> | | | | |

C). First 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 mother tongue no matter how proficient they have become. On this basis, please would you tick the appropriate box for what you therefore consider to be your child’s mother tongue:

- | | | | |
|---|---|--------------------------|-----------------------|
| 1 | English | <input type="checkbox"/> | ENG |
| 2 | Other than English | <input type="checkbox"/> | OTH |
| 3 | Proficiency in English | <input type="checkbox"/> | New to English |
| | | <input type="checkbox"/> | Early Acquisition |
| | | <input type="checkbox"/> | Developing Competence |
| | | <input type="checkbox"/> | Competent |
| | | <input type="checkbox"/> | Fluent |
| | I DO NOT wish to give this information | <input type="checkbox"/> | REF |

If you ticked 2 above, now please tick the most appropriate box below for the language you regard as your child’s home language? If we have not included your language tick Other and give us the language and we can then look on our listing for it and record it appropriately.

D). Home Language

Please state your child’s home language which is presently used in the home or in the community:

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E). Adopted from Care

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 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:

	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)

F). Mode of travel to our school

Please tick the predominant mode of travel for your child – please tick **ONE** box only:

- | | | | |
|--|-------------------------------------|---------------------------|-------------------------------------|
| 1 Bus – type not known | <input type="checkbox"/> BNK | 6 Public Bus Service* | <input type="checkbox"/> PSB |
| 2 Car or Van | <input type="checkbox"/> CAR | 7 Taxi | <input type="checkbox"/> TXI |
| 3 Car Share
(with children from a different dwelling) | <input type="checkbox"/> CRS | 8 Train | <input type="checkbox"/> TRN |
| 4 Cycle | <input type="checkbox"/> CYC | 9 Walk | <input type="checkbox"/> WLK |
| 5 Dedicated School Bus* | <input type="checkbox"/> DSB | 10 Other (please specify) | <input type="checkbox"/> OTH |

WE NEED YOUR PERMISSION FOR CERTAIN ASPECTS OF YOUR CHILD’S EDUCATION – PLEASE WOULD YOU CIRCLE Yes or No AS APPROPRIATE.

Permission for Student information to be held and used appropriately according to Meole Brace’s Privacy Statement	Yes	No
Parent/Student information to be passed onto Careers Service	Yes	No
Accessing the internet at school – permission for student to use electronic mail and the internet. I/We understand that pupils will be held accountable for their own actions. I/We also understand that some material on the internet may be objectionable and I/We accept responsibility for setting standards to follow when selecting, sharing and exploring information and media. I/We will ensure that my/our child complies with the school’s Code of Conduct on the use of the school network and adheres to the school’s acceptable use policy, using resources in a responsible way.	Yes	No
Copyright permission of any work produced	Yes	No
Photographic and Video Permissions – I/We grant permission for my/our child’s photograph/video to be used. (may be used after the student has left school) This may include: School website, School Intranet(internal website) School Database (Safeguarding), School Prospectus, School Photographs, Cashless Meal System, Displays around the school, Newspapers and other publications.	Yes	No
I/We also give permission for video recordings to be used as part of a planned lesson and for the recording of School Productions (DVDs are sold within the school to pupils and their families).	Yes	No
Relationship and Sex Education	Yes	No

Involvement in our daily worship	Yes	No
Consent to take part in sports fixtures and school trips organised to take place outside the school premises	Yes	No
<p>Cashless Catering System – We use a cashless catering system at school to enable students to buy food. It works using an image of your child’s finger print. The software turns your child’s finger image into mathematical algorithm. The image is then discarded. The information stored cannot be used to recreate an image of the child’s finger. When the child places his/her finger on the scanner, the software matches their finger image with the unique digital signature held in the database.</p> <p>More information on how the cashless system works can be found on our website.</p> <p>Biometric Print - I/We consent to my/our child’s finger print being taken for the purpose of using the school canteen’s cashless system.</p>	Yes	No
<p>CCTV CCTV is in operation around the school. This is necessary to safeguard both students and staff. Further information is available in our CCTV Policy on the school’s website. Individuals must be made aware they may be recorded and appropriate measures must be put in place to keep the recorded images secure.</p>		

After receiving an email advising that the school is closing early, due to an emergency closure, please indicated your preference:

Option 1

I consent to my child being allowed to walk home or travel on the bus (if available).

Option 2

I would like my child to remain in school and I will arrange to collect them as soon as possible.

Option 3

I consent to my child being allowed to go to another place of safety. Please print name of alternative

.....(eg, grandparent / friends name).

THANK YOU

I acknowledge receipt of and the content of this Registration Form and I agree that the information I have provided above must only to be used for the purposes indicated and no other.

Signed.....

Date.....