

Grange View C. E First School, Widdrington
Pupil Registration Form

To be completed by school - Date of Admission:

Class:

When your child joins Grange View C. E First School it is vital that we have certain information that will help us to ensure that he/she is cared for to the best of our ability. Some of this information enables us to contact you easily on matters of concern to us, some helps us to look after your son/daughter while he/she is in school and some (Pupil Details) is required by law. **Please complete this form using a black pen - if the space provided is not sufficient in any section please attach a separate sheet.**

PUPIL DETAILS

Surname	
Forenames	
Middle Name(s)	
Gender M or F	Date of Birth:
Pupil's Address:	
Postcode:	Home Tel No:

Names of any brothers or sisters in school or younger brothers and sister at home

Name	Date of Birth:
Name	Date of Birth:

PARENTS' DETAILS

Correspondence: (Please show clearly how you want the school to address any correspondence to you)

Mother: Title: Initials:	Father: Title: Initials:
Surname:	Surname
Relationship to Pupil: (eg mother, stepmother)	Relationship to Pupil : (eg father, stepfather)
Address (if different from above)	Address (if different from above)
Mobile Tel No :	Mobile Tel No:
Place of work:	Place of work:
Work Tel No:	Work Tel No:

SPECIAL FAMILY CIRCUMSTANCES- in the space below please give any information regarding the pupil's family circumstances, which you think the school should know. In particular it is useful for us to know:

The name and address of a non-custodial parent who wishes to receive information about the pupil's progress	
Any details regarding restricted access arrangements following custody proceedings (if either parent is denied access a copy of the Court Papers must be attached to this form)	
The name and telephone number, if applicable, of any allocated social worker	

Details of family Doctor:

Are there any medical conditions that the school should be aware of i.e. asthma etc and including the wearing of hearing aids and glasses?

EMERGENCY TELEPHONE NUMBERS:

Please give the name of a responsible adult who we can contact should parent(s) be unavailable:

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Tel No:	Tel No:
Relationship to Pupil:	Relationship to Pupil:

Ethnic background- please tick the appropriate box:

NB: We are asking you to give these details because the DFEE requires us to collect the information and also because it helps us to make sure that all children in our school have an equal chance of success

British	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Traveller (Irish)	<input type="checkbox"/>	White/ Asia	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Gypsy/ Roma	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>		<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>		<input type="checkbox"/>

Religion:

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Home Language: please indicate which language(s) is /are spoken by your child at home:

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Travel Arrangements:

i.e. Bicycle, Train, Walks, Car, Taxi, School Coach, Public transport.

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School Approval

I give permission for a member of staff to administer medicine {prescribed by a doctor} to my child when required Yes/No

I give permission for photographs of my child to appear in school publications and newsletters etc Yes/No

I give permission for photos/Videos of my child to appear on the school website. {Children are never named on the website} Yes/No

I give permission for my child to be photographed or videoed by third parties e.g. other parents or the press Yes/No

I give permission for my child to receive emergency/surgical/dental treatment as considered necessary by the medical authorities present. Parents/guardians will be informed as appropriate. Yes/No

Previous School:

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Please return to: The School Office, Grange View C.E. First School, Widdrington Station, Morpeth, NE61 5LZ