

LUDLOW JUNIOR SCHOOL



PUPIL REGISTRATION FORM [*CONFIDENTIAL*]

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted. This information may also be used in support of our responsibilities to safeguard and promote the welfare of children. For further details of how the information will be used, please see the data protection statement at the end of the form. The school may request to see a copy of your child's birth certificate. The information being collected is considered to be the minimum necessary to achieve the purposes stated, but * denotes information that you are required to provide in order to meet the statutory requirements detailed on the data protection statement.

PUPIL DETAILS

Legal Surname: *		Legal Forename: *	
Middle name(s): *		Preferred Forename: *	
Preferred Surname: *		Date of birth: *	
Gender: *	Male / Female <i>(delete as applicable)</i>		

ADDRESS DETAILS

Present address		Other address	
Flat/apartment no.		Flat/apartment no.: *	
Block Name:		Block Name: *	
* House no./name:		House no./name: *	
* Street		Street *	
* Town/city		Town/city *	
* County:		County: *	
* Postcode:		Postcode: *	
		Type: *	<i>Term time / overseas / other</i>

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name address of the person with whom the child normally resides.

Reason:	
Dates applicable: *	
Name: *	
Address: *	
Relationship to child:*	

For Office Use Only: Tick each box & initial once seen

Child Birth Cert		Parent/Guardian Photo ID		Proof of address	
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PARENTAL CONTACTS

Details of parent 1			Details of parent 2		
Mr/Mrs/Ms/Miss/Other			Mr/Mrs/Ms/Miss/Other		
Forename: *			Forename: *		
Surname: *			Surname: *		
Address (if not home address above): *			Address (if not home address above): *		
Post Code: *			Post Code: *		
Tel No's: *	Home:		Tel No's: *	Home:	
	Mobile:			Mobile:	
E-mail:			E-mail:		
Work: for emergency use			Work: for emergency use		
Days/hours worked:			Days/hours worked:		
Address:			Address:		
Tel no:			Tel no:		
Priority to contact in an emergency: 1st 2nd (please circle)			Priority to contact in an emergency: 1st 2nd (please circle)		
Parental Responsibility: * Yes / No			Parental Responsibility: * Yes / No		
Relationship to child:*			Relationship to child:*		
With whom does the child live? *					

CIVIL COURT ORDERS - *This information is needed to comply with our duties under the Children Act 1989*

Order name	In place	Attached	Order name	In place	Attached
Prohibited Steps Order	Yes\No	Yes\No	Restraining Order	Yes\No	Yes\No
Specific Issue Order	Yes\No	Yes\No	Non-Molestation Order	Yes\No	Yes\No
Child Arrangements Order	Yes\No	Yes\No	Domestic violence protection notices & protection orders	Yes\No	Yes\No
Other e.g. Injunctions, Exclusion Order (please specify):				Yes\No	Yes\No

CONTACT WITH NON-RESIDENT PARENTS NAMED ABOVE

This information is needed to comply with our duties under the Children Act 1989

This relates to parental responsibility as defined by the Children Act 1989.

Everyone who is a parent has a right to participate in decisions about a child's education, even though the school's main contact is likely to be the person with whom the child lives on school days. On separation or divorce both parents continue to have responsibility. Non-married fathers, in certain circumstances, may also have parental responsibility.

If approached by a non-resident parent who is named above we will provide the following information or access to the child, in order to satisfy this statutory right:

<p>Provision of school reports</p> <p>Invitation to parents evenings</p> <p>Collection from school</p>	<p>Contact during times of illness</p> <p>Contact during times of absence</p> <p>Invitation to sports day and other whole school activities</p>
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CONTACT WITH NON-RESIDENT PARENTS NOT NAMED ABOVE

This information is needed to comply with our duties under the Children Act 1989

Unless there is a Court order limiting an individual's exercise of PR, such as an order preventing the absent parent from having contact with the child, or there are safeguarding concerns the school and local authority staff must treat all parents equally.

If there are any safeguarding reasons why a non-resident parent should NOT have access to the child, or know that the child is enrolled in the school, or provided with the above information, please make an appointment to discuss this further with the school and provide details below.

Name: *		Relationship to child: *	
Home Address if known: *	Work Address if known:		
Post Code: *		Post Code: *	
Tel Nos if known:	Home:		
	Mobile:		
	Work:		
Is the child resident with foster parents: *			Yes \ No
If 'yes'; which Authority is financially responsible for maintenance? *			

DETAILS OF ANY CURRENT PROFESSIONAL INVOLVEMENT

Working Together to Safeguard Children 2018 states that effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Schools and professionals will share information to ensure that this statutory duty is met.

Name	Organisation\Service	Contact telephone number
Is your child subject to:	Child Protection Planning? Yes/No	Child in Need support? Yes / No

ADDITIONAL CONTACTS

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion.

Details should be listed in the order of contact preference.

No.	Name & relationship to the child	Parental responsibility	Daytime address & telephone number (if same as home address please write HOME)
1	<div style="display: flex; justify-content: space-between;"> <div style="width: 85%;"></div> <div style="width: 10%; text-align: center;"> Priority to contact in an emergency 1 2 3 </div> </div>	Yes/No (delete as required)	Address: Phone:
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 85%;"></div> <div style="width: 10%; text-align: center;"> Priority to contact in an emergency 1 2 3 </div> </div>	Yes/No (delete as required)	Address: Phone:
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 85%;"></div> <div style="width: 10%; text-align: center;"> Priority to contact in an emergency 1 2 3 </div> </div>	Yes/No (delete as required)	Address: Phone:

MEDICAL INFORMATION

DOCTOR

Doctor's Name:		Surgery Name:	
Surgery Address:		Surgery telephone:	

DIETARY NEEDS – *please tick all that are appropriate*

<input type="checkbox"/> Artificial colour allergy	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher food only	<input type="checkbox"/> No dairy produce
<input type="checkbox"/> No nuts of any type/quantity	<input type="checkbox"/> No pork	<input type="checkbox"/> Halal food only	<input type="checkbox"/> Seafood allergy
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No beef	<input type="checkbox"/> Other (please specify)	

MEDICAL INFORMATION - *please tick all that are appropriate*

Including allergies, medication requirements:	
<input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema	
<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Arthritis <input type="checkbox"/> A.D.H.D.	

If your child uses an inhaler, is it carried on their person? Yes / No

Have any other services been involved with your child (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc)

Is there any other medical information you feel we should be aware of? Please specify.

SIBLINGS

Information on other children in the family will only be used in relation to this application to the school or in support of our responsibilities to safeguard and promote the welfare of children.

Name	DOB	School	Relationship	Position of this child in the family (i.e. if this child has one older and one younger sibling – write 2/3)

ETHNIC/CULTURAL INFORMATION

Please complete the following, this will help us to see how well children from different groups are doing. We want to make sure that **all** children are treated fairly and do well at school

ETHNICITY – Please tick one box only

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Any other white background</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other black background</p>	<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Any other mixed background</p>	<p>Other</p> <p><input type="checkbox"/> Any other ethnic group</p> <p>Chinese</p> <p><input type="checkbox"/> Chinese</p>
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WHAT IS YOUR CHILD'S RELIGION? Please tick one box only

<input type="checkbox"/> Christianity	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism	<input type="checkbox"/> No Religion
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Islam	<input type="checkbox"/> Hinduism	Other _____

LANGUAGE - Collected by school for the Department for Education

Language spoken at home	Second home language (if applicable)
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VISAS This information is important and will enable us to meet our children missing education responsibilities and to plan for any absences which may impact upon school attendance.

If your child is the subject of a visa to be in the UK please state:

Type of visa:	Expiry date:
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ADDITIONAL INFORMATION

SPECIAL EDUCATIONAL NEEDS AND DISABILITY * *To assist the school in meeting its duties under The Equality Act 2010*

Does your child have additional needs such as autism spectrum condition, dyslexia, dyspraxia, hearing impairment, visual impairment? If yes, please give details:

Does your child have a Statement of Special Educational Needs? * **Yes \ No** (please circle)

Does your child have an Education Health & Care Plan? * **Yes \ No** (please circle)

HOW DO YOU NORMALLY TRAVEL TO SCHOOL

- | | | | |
|---|--------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Dedicated School Bus | <input type="checkbox"/> Walk | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public Service Bus | <input type="checkbox"/> Cycle | <input type="checkbox"/> Car Share | |
| <input type="checkbox"/> Bus (type not known) | <input type="checkbox"/> Taxi | <input type="checkbox"/> Train | _____ |

School use only:

LA provided transport: **Route**

SERVICE CHILD INDICATOR – *This information allows schools to apply for additional funding to help raise attainment.*

Are either of the parents, service personnel serving in regular HM Forces? **Yes / No**

CARE STATUS - *This information allows schools to apply for additional funding to help raise attainment.*

Is your child looked after i.e. in the care of, or provided with accommodation by, an English local authority? **Yes/No**

Has your child ceased to be looked after because of:	Adoption	Yes/No
	A Special Guardianship Order	Yes/No
	A Child Arrangements Order	Yes/No
	A Residence Order	Yes/No

MEALS – please tick as appropriate

- | | |
|---|---|
| <input type="checkbox"/> Entitled to Free School Meal (If Known – See Section Below) | <input type="checkbox"/> Paid School Meal |
| <input type="checkbox"/> Entitled to Universal Infant Free Meal (Pupils in Years R, 1 and 2 only) | <input type="checkbox"/> Goes Home |
| | <input type="checkbox"/> Packed lunch |

FREE SCHOOL MEALS *

The information captured in this section will be used by the school or the Local Authority to check your child's eligibility for free school meals and Pupil Premium Eligibility (**the completion of this box is optional**). If your child is in Years R, 1 or 2 and therefore entitled to the Universal School Meal it is worth checking for free school meal eligibility as this may result in the schools entitlement to Pupil Premium for your child.

Registering for free meals could also raise an extra [£1,320 for your child's primary school] / [£935 for your child's secondary school], to fund valuable support like extra tuition, additional teaching staff or after school activities. This additional money is available from central government for every child whose parent is receiving one of the following benefits

FAMILY INCOME AND BENEFIT DETAILS

If you receive any of the benefits listed below, please place an X in this box.

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of Pension Credit
- Child Tax Credit (with no Working Tax Credit)
- Working Tax Credit run-on
- Universal Credit

I declare that the information I have given is true and if I give information that is incorrect or incomplete action may be taken against me.

	Parent One (claimant)	Parent Two
Full Name		
Date of birth		
National Insurance Number		
NASS number		

I give permission for a FSM eligibility check to be carried out on my behalf

You can also perform your own FSM eligibility check by visiting our website at:

<https://www.cloudforedu.org.uk/ofsm/southampton/>

Please select the correct school name from the list on the second page of the online form and if eligible, the school will be notified of this.

How the information in this form will be used

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits. Once this is confirmed, this helps to decide how much money your child's school will receive each year. The information will also be used in relation to pupils in year 3 or above to decide whether they are eligible for free school meals.

You only need to complete this form once and it will last for the duration of your child's time at their current school. You should contact the school or local authority if you have a change in financial circumstances.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information. We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services.

SCHOOL HISTORY

PREVIOUS EDUCATION DETAILS * (Most Recent First) – INCLUDING ELECTIVE HOME EDUCATION

School / Pre-School Name	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address: Telephone:			
	Address: Telephone:			
	Address: Telephone:			
For pupils being admitted into Reception Year only, please include the number of terms spent in pre-school education, where known.				

PRIVACY NOTICE

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.

The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

PARENTAL DECLARATION

DATA PROTECTION STATEMENT:

What happens to your personal information?

The purpose of this form is to collect data for further processing within the school/LA systems. By signing this form, you understand that the school/LA will process the data in the exercise of their statutory duties. The data will be processed in accordance with the purposes notified by the school/LA to the Information Commissioner's Office and specified on our Privacy Notice. Both the school and the LA are subject to data protection legislation. The information given will be entered onto a computer and will form part of the school's database. This information will also be shared with the school nurse and dental health and, as per the Privacy Notice, it may be used in support of our responsibilities to safeguard and promote the welfare of children. Schools cannot enrol a child and create an admission register without certain information, contained on this form.

The statutory guidance Working Together to Safeguard Children 2018 applies to all schools and states that "Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care." Further, it states that information should be shared in a timely manner. Schools will therefore transfer all child protection and child welfare records to any new education provider as soon as a child is enrolled in order to meet this duty.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.

I understand that I must notify the school of any change in my child's circumstances.

I understand that the school will transfer child protection and child welfare records to any new education provider as soon as my child is enrolled.

Signed: _____ **Date:** _____

Relationship to child: _____