|  |  |  |  |
| --- | --- | --- | --- |
| **PUPIL REGISTRATION FORM [*CONFIDENTIAL*]**  **SCHOOL NAME:**  Choose an item. | | | |
|  | | | |
| 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 to ensure that they are enrolled in the correct year group. 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. | | | |
| **PLEASE CLICK IN THE BOXES TO COMPLETE - DO NOT USE THE TAB KEY** | | | |
| PUPIL DETAILS | | | |
| Legal Surname: \* | **Click to enter name** | Legal Forename: \* | **Click to enter name** |
| Middle name(s): \* | **Click to enter name** | **Preferred Forename: \*** | **Click to enter name** |
| Preferred Surname: \* | **Click to enter name** | Date of birth: \* | **Click to enter date**  When date selected overtype year digits |
| Gender: \* | **Click to choose an item.** | | |
|  | | | |
| ADDRESS DETAILS | | | |
| **Present address** | | **Other address** | |
| Flat/apartment no. | **Click to enter** | Flat/apartment no. \* | **Click to enter** |
| Block Name: | **Click to enter** | Block Name: \* | **Click to enter** |
| \* House no./name: | **Click to enter** | House no./name: \* | **Click to enter** |
| \* Street | **Click to enter** | Street \* | **Click to enter** |
| \* Town/city | **Click to enter** | Town/city \* | **Click to enter** |
| \* County: | **Click to enter** | County: \* | **Click to enter** |
| \* Postcode: | **Click to enter** | Postcode: \* | **Click to enter** |
|  | | Type: \* | **Choose an item.** |
| **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: | **Click to enter** | | |
| Dates applicable: \* | **Click to enter** | | |
| Name: \* | **Click to enter** | | |
| Address: \* | **Click to enter** | | |
| Relationship to child:\* | **Click to enter** | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARENTAL CONTACTS | | | | | | | | | | |
| Details of parent 1 | | | | | | Details of parent 2 | | | | |
| Title \* | | Click to choose an item | | | | Title \* | Click to choose an item | | | |
| **Forename: \*** | | **Click to enter name** | | | | Forename: \* | **Click to enter name** | | | |
| **Surname: \*** | | **Click to enter name** | | | | Surname: \* | **Click to enter name** | | | |
| Address *(if not home address above): \**  **Click to enter** | | | | | | Address *(if not home address above): \**  **Click to enter** | | | | |
| **Post Code: \*** | **Click to enter** | | | | | Post Code: \* | **Click to enter** | | | |
| Tel No’s: \* | Home: | | **Click to enter if applicable** | | | Tel No’s: \* | Home: | **Click to enter if applicable** | | |
| Mobile: | | **Click to enter** | | | Mobile: | **Click to enter** | | |
| **E-mail:** **Click to enter** | | | | | | **E-mail:** **Click to enter** | | | | |
| Work: for emergency use | | | | | | Work: for emergency use | | | | |
| **Days/hours worked:** | **Click to enter** | | | | | **Days/hours worked:** | **Click to enter** | | | |
| **Address:** | **Click to enter** | | | | | Address: | **Click to enter** | | | |
| Tel no: | **Click to enter** | | | | | Tel no: | **Click to enter** | | | |
| Priority to contact in an emergency: Click to choose | | | | | | Priority to contact in an emergency: Click to choose | | | | |
| **Parental Responsibility:** **Choose an item** | | | | | | **Parental Responsibility**: **Choose an item** | | | | |
| Relationship to child:\* | | | **Click to enter** | | | Relationship to child:\* | | **Click to enter** | | |
| **With whom does the child live? \*** **Click to enter** | | | | | | | | | | |
|  | | | | | | | | | | |
| 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** | | | | **Click to choose an item** | **Click to choose an item** | Restraining Order | | | **Click to choose an item** | **Click to choose an item** |
| Specific Issue Order | | | | **Choose an item** | **Choose an item** | Non-Molestation Order | | | **Choose an item** | **Choose an item** |
| **Child Arrangements Order** | | | | **Choose an item** | **Choose an item** | **Domestic violence protection notices & protection orders** | | | **Choose an item** | **Choose an item** |
| Other e.g. Injunctions, Exclusion Order (please specify): **Click to enter** | | | | | | | | | **Choose an item** | **Choose an item** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | | |
| Provision of school reports | | | | | Contact during times of illness | | | | | |
| Invitation to parents evenings | | | | | Contact during times of absence | | | | | |
| Collection from school | | | | | Invitation to sports day and other whole school activities | | | | | |
|  | | | | | | | | | | |
| 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](http://uk.practicallaw.com/4-386-3828) 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: \* | **Click to enter name** | | | | | Relationship to child: \* | | | **Click to enter** |
| Home Address if known: \* **Click to enter** | | | | | | Work Address if known: \* **Click to enter** | | | | |
| Post Code: \* | **Click to enter** | | | | | Post Code: \* | | | **Click to enter** |
| Tel No’s if known: | Home: | **Click to enter if applicable** | | | | | | | | |
| Mobile: | **Click to enter** | | | | | | | | |
| Work: | **Click to enter if applicable** | | | | | | | | |
| Is the child resident with foster parents: \* | | | | | | | | | **Choose an item** |
| If *‘yes’*; which Authority is financially responsible for maintenance? \* | | | | | | | | | **Click to enter** | |
|  | | | | | | | | | | |
| 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 | | |
| **Click to enter** | | | | **Click to enter** | | | | **Click to enter** | | |
| **Click to enter** | | | | **Click to enter** | | | | **Click to enter** | | |
| **Click to enter** | | | | **Click to enter** | | | | **Click to enter** | | |
| Is your child subject to: | | | **Child Protection Planning?** **Choose an item** | | | | **Child in Need support?** **Choose an** **item** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | **Click to enter name** | | | | | | Choose ONE item | | **Choose an item** | | **Address:**  **Click to enter**  Phone: **Click to enter** | | | |
| 2 | | **Click to enter name** | | | | | | Choose ONE item | | **Choose an item** | | **Address: Click to enter**  **Phone: Click to enter** | | | |
| 3 | | **Click to enter name** | | | | | | Choose ONE item | | **Choose an item** | | **Address: Click to enter**  **Phone: Click to enter** | | | |
|  | | | | | | | | | | | | | | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | |
| **DOCTOR** | | | | | | | | | | | | | | | |
| Doctor’s Name: | | | **Click to enter name** | | | | | | | | Surgery Name: | | **Click to enter** | | |
| Surgery Address: | | | **Click to enter** | | | | | | | | Surgery telephone: | | **Click to enter** | | |
| **Is your child registered with a dentist?** | | | | | | | | | | | **Choose an item** | | | | |
| **DIETARY NEEDS – *please tick all that are appropriate*** | | | | | | | | | | | | | | | |
|  | **No dietary needs** | | | | | | | | | | | | | | |
|  | Artificial colour allergy | | | |  | | Gluten Free | |  | Kosher food only | | | |  | No dairy produce |
|  | No nuts of any type/quantity | | | |  | | No pork | |  | Halal food only | | | |  | Seafood allergy |
|  | Vegetarian | | | |  | | No beef | |  | Other (please specify) Click to enter | | | | | |
| MEDICAL INFORMATION - *please tick all that are appropriate* | | | | | | | | | | | | | | | |
| Include allergies, medication requirements: | | | | **Click to enter** | | | | | | | | | | | |
|  | Multiple Sclerosis | | |  | | Diabetes | | |  | Asthma | | | |  | Eczema |
|  | Tuberculosis | | |  | | Epilepsy | | |  | Arthritis | | | |  | A.D.H.D. |
| If your child uses an inhaler, is it carried on their person **Choose an item** | | | | | | | | | | | | | | | |
| 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)  **Click to enter** | | | | | | | | | | | | | | | |
| Is there any other medical information you feel we should be aware of? Please specify.  **Click to enter** | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | | |
| **Click to enter** | | **Click to enter date**  When date selected overtype year digits | | | | **Choose an item**. **or**  **Click to enter if non Soton school** | | | | | **Click to enter** | | | **Click to enter** | | |
| **Click to enter** | | **Click to enter date**  When date selected overtype year digits | | | | **Choose an item** **or**  **Click to enter if non Soton school** | | | | | **Click to enter** | | | **Click to enter** | | |
| **Click to enter** | | **Click to enter date**  When date selected overtype year digits | | | | **Choose an item** **or**  **Click to enter if non Soton school** | | | | | **Click to enter** | | | **Click to enter** | | |
| **Click to enter** | | **Click to enter date**  When date selected overtype year digits | | | | **Choose an item** **or**  **Click to enter if non Soton school** | | | | | **Click to enter** | | | **Click to enter** | | |
| **Click to enter** | | **Click to enter date**  When date selected overtype year digits | | | | **Choose an item** **or**  **Click to enter if non Soton school** | | | | | **Click to enter** | | | **Click to enter** | | |
| **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** | | | | | | | | | | | | | | | | |
| . **Choose ONE item**  **Ethnicity is ‘other’ – please specify:** **Click to enter** | | | | | | | | | | | | | | | | |
| **WHAT IS YOUR CHILD’S RELIGION?** | | | | | | | | | | | | | | | | |
| **Choose an item**  **Religion is ‘other’ – please specify: Click to enter** | | | | | | | | | | | | | | | | |
| **LANGUAGE -** *Collected by school for the Department for Education* | | | | | | | | | | | | | | | | |
| **First language** | | | | | | **Click to enter** | | **Home language** (if applicable) | | | | | **Click to enter** | | | |
| **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: Click to enter** | | | | | **Expiry date: Click to enter date** | | | | | | | | | | | |
| **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:  **Click to enter** | | | | | | | | | | | | | | | | |
| Does your child have an Education Health & Care Plan? \* **Choose an item** | | | | | | | | | | | | | | | | |
| **HOW DO YOU NORMALLY TRAVEL TO SCHOOL** | | | | | | | | | | | | | | | | |
| **Choose an item** | | | **If ‘other’ – please specify: Click to enter** | | | | | | | | | | | | | |
| **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? **Choose an item** | | | | | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | | | | **Choose an item** | |
| Has your child ceased to be looked after because of: | | | | | | | Adoption | | | | | | | **Choose an item** | | |
|  | | | | | | | A Special Guardianship Order | | | | | | | **Choose an item** | | |
|  | | | | | | | A Child Arrangements Order | | | | | | | **Choose an item** | | |
|  | | | | | | | A Residence Order | | | | | | | **Choose an item** | | |
| **MEALS – please tick as appropriate** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Entitled to Free School Meal (If Known – See Section Below)  Entitled to Universal Infant Free Meal (Pupils in Years R, 1 and 2 only) | | | | | | | | | |  | Paid School Meal  Goes Home  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 [£**1,385** for your child’s primary school] / [**£985** 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**  **Do you receive any of the benefits listed below? Choose an item** | | | | | | | | | | | | | | | | |
| * Income-based Jobseekers Allowance * Income-related Employment and Support Allowance * Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit * Child Tax Credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190) | | | | | | | | | * Income Support * Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get). * The guaranteed element of Pension Credit * Support under part VI of the Immigration and Asylum Act 1999 | | | | | | | |
| Some families that have No Resource to Public Funds (NRPF) may also be entitled to Free School Meal provision. Place an X in this box if you think this may be applicable to you. cid:image002.png@01D4DCB8.2ECD59D0 | | | | | | | | | | | | | | | | |
| **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** | | | | **Click to enter** | | | | | | **Click to enter** | | | | | | |
| **Date of birth** | | | | **Click to enter date**  When date entered overtype year digits | | | | | | **Click to enter date**  When date entered overtype year digits | | | | | | |
| **National Insurance Number** | | | | **Click to enter** | | | | | | **Click to enter** | | | | | | |
| **NASS number** | | | | **Click to enter** | | | | | | **Click to enter** | | | | | | |
| **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** | |
| **Click to enter** | **Address: Click to enter**  **Telephone: Click to enter** | **Click to enter date**  When date entered overtype year digits | **Click to enter date**  When date entered overtype year digits | **Click to enter** | |
| **Click to enter** | **Address: Click to enter**  **Telephone: Click to enter** | **Click to enter date**  When date entered overtype year digits | **Click to enter date**  When date entered overtype year digits | **Click to enter** | |
| **Click to enter** | **Address: Click to enter**  **Telephone: Click to enter** | **Click to enter date**  When date entered overtype year digits | **Click to enter date**  When date entered overtype year digits | **Click to enter** | |
| **For pupils being admitted into Reception Year only, please include the number of terms spent in pre-school education, where known.** | | | | **Click to enter** | |
| PRIVACY NOTICE AND 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 their Privacy Notices, which are available online (for the LA, visit <http://www.southampton.gov.uk/privacy>, and for the school, please see their website). Copies are also available on request.  Both the school and the LA are subject to data protection legislation. This information will also be shared with the school nurse and dental health and, it may be used in support of both the school’s and LA’s 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 LA and school 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 by the LA 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.  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.  The statutory guidance Keeping Children Safe in Education 2021 applies to all schools and requires child protection records to be transferred to a new school or college as soon as possible. It also allows for a Designated Safeguarding Lead to consider the sharing of information with a new school or college in advance of a child leaving to ensure appropriate support is in place for when a child arrives. | | | | |
| **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 in accordance with Keeping Children Safe in Education 2021.  **Signed: Date: Click to enter a date**  *Please add electronic signature above When date selected overtype year digits*  **Relationship to child: Click to enter** | | | | |