

SCHOOL REGISTRATION FORM



Clifton with Rawcliffe Primary School

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Clifton with Rawcliffe Primary School is a 'Data Controller' as defined by Article 4 (7) of GDPR. This means that we determine the purposes for which, and the manner in which, your personal data is processed. We have a responsibility to you and your personal data and will only collect and use this in ways which are compliant with data protection legislation. Please refer to our Privacy Policy for further information.

This form should be completed (IN BLOCK LETTERS) by the Parent or Carer of the student **prior** to admission and returned to us at the address above as soon as possible.

Please complete all sections. If you are unable to complete any section of this form you should notify a member of the school administrative team.

The following information is mandatory.

YOUR CHILD'S DETAILS

Child's legal surname

Child's legal forename

Child known as (if different to forename)

Date of Birth

Gender

Siblings

Does any parent serve in the Armed Forces?

Child's first language

Child's home address

Home phone number

Mobile number

EDUCATIONAL HISTORY

Details of pre-school or nursery and all previous schools attended.

Name

Telephone number

Date from

Date to

Address

Details of last school attended.

Name

Telephone number

Date from

Date to

Address

Please continue on a separate sheet if necessary.

LEGAL PARENTAL RESPONSIBILITY

The Education Act 1996 defines a parent to include the natural parents of the child as well as a person:

- a) who is not a parent but who has parental responsibility, or
- b) who has care of the child.

Relationship to child

Title

Forename

Surname

Home phone number

Mobile number

Work phone number

Email address

Relationship to child

Title

Forename

Surname

Home phone number

Mobile number

Work phone number

Email address

Relationship to child

Title

Forename

Surname

Home phone number

Mobile number

Work phone number

Email address

Relationship to child

Title

Forename

Surname

Home phone number

Mobile number

Work phone number

Email address

ADDITIONAL EMERGENCY CONTACT DETAILS

It is essential that we can contact someone by telephone in an emergency during school hours. Please complete **ALL** the relevant sections in order of priority starting with the first person we should contact in an emergency. The information you provide is to help us make contact in an emergency. It is your responsibility to ensure that you have obtained permission from all emergency contacts prior to providing us with their information.

FIRST PRIORITY

Full name

Relationship to child

Telephone number

SECOND PRIORITY

Full name

Relationship to child

Telephone number

THIRD PRIORITY

Full name

Relationship to child

Telephone number

FOURTH PRIORITY

Full name

Relationship to child

Telephone number

MEDICAL, HEALTHCARE AND OTHER SPECIAL ARRANGEMENTS

Doctor's details

Doctor's name

Telephone number

Address

Inhaler

Does your child use an inhaler?

Yes No

If yes, frequency taken

If yes, type of medication

Other medical information relevant to your child's development and school life e.g. hearing, sight, allergies, diabetes, epilepsy.

Does your child have an Educational Health Care Plan (EHCP)?

Yes No

If your child has other particular needs in relation to his/her education please describe them here:

Please give details of any special dietary requirements your child may have?

SIGNED

Name of parent: _____

Date: _____

Signature: _____

Please return this form along with your child's original birth certificate. We will use this to confirm the following details about your child:

- Spelling of your child's name
- Date of birth
- Registered parent/guardian

Any copies of birth certificates made by the school will be kept for no longer than six months.

The following two pages are **not** mandatory.

DEPARTMENT FOR EDUCATION STATISTICAL INFORMATION

We collect the following information on behalf of the Department for Education and it is used for statistical purposes only. This information is **not** mandatory.

Please tick the correct category for the pupil named on this form. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, language, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Nationality

Country of birth

Ethnic origin

White

British

Irish

White European

White – other (please state)

Gypsy/Roma

Traveller of Irish Heritage

Mixed

White and Black Caribbean

White and Black African

Any other mixed background (please state)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please state)

Black or Mixed British

African

Caribbean

Any other Black background

Chinese

Any other ethnic background

Language

Bengali

Cantonese

English

Greek

Gujarati

Hindi

Italian

Panjabi

Portuguese

French

Other (please state)

Religion

Christian

Hindu

Jewish

Muslim

Sikh

Islam

Buddhist

No religion

Other (please state)

SIGNED

Name of parent: _____

Date: _____

Signature: _____

PUPIL PREMIUM

The following information is **not** mandatory. This information will only be used for the purposes of supporting those parents with children who may be eligible for Pupil Premium. In providing this information you consent to Clifton with Rawcliffe Primary School sharing this information with City of York Council to establish eligibility for Pupil Premium.

Name of child

Child's date of birth

Name of parent

Parent's date of birth

Address

National Insurance Number

SIGNED

I understand and consent to Clifton with Rawcliffe Primary School sharing this information with City of York Council for the purposes of eligibility checks for Pupil Premium.

Name of parent: _____

Date: _____

Signature: _____