

START DATE: …………………………………………….

(for office use only)

**STUDENT REGISTRATION DOCUMENT**

**The Academy needs details of those persons who have parental responsibility. This is always the natural mother and where the parents were married at the time the child was born, the natural father also retains parental responsibility. When the child lives with someone other than his or her parent(s) the Academy will require the details of those persons who have parental responsibility.**

The information that is requested in this document is stored in our Management Information System and as such is subject to the new GDPR legislation which replaces the current Data Protection Act 1998. The information you provide here is only accessed by those with a legal right to see it. You have the right to examine, at any time, information about you or your child which is kept on a computer. You have a right to correct any information you feel is wrong or misleading. Please contact the student services department to examine the information held on computer. For more information on how we use this data please refer to the ‘Privacy Policy’ on our website.

|  |  |
| --- | --- |
| **Surname of child:** | **Forename of Student**: |
| **Date of Birth**: | **Sex (m or f):** |
| **Year Group:** | **Mentor group:** |
| **Address:**  **Postcode:** | **Home telephone number**:  **Work telephone**:  **Mobile**: |
| **Sibling in school:** YES/NO | **Email address**: |

Name & Telephone number of previous school: ………………………………………………………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Name of persons with whom the child lives** | **Relationship to child** | **Parental**  **Responsibility**  **YES/NO** | **Home telephone**  **Number** | **Mobile telephone number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of others with**  **parental responsibility** | **Relationship to child** | **Address** | **Telephone numbers** |
|  |  |  |  |
|  |  |  |  |

**Emergency Contacts: These are very important to us.** If your child becomes ill during the day, we need to be able to contact you or someone acting for you who will be able to collect your child or give permission to go home if necessary. We will always contact those with parental responsibility in the first instance.

|  |  |
| --- | --- |
| **Was your child adopted from care?** | YES or NO |

|  |  |
| --- | --- |
| **If you answered yes, would you be willing to supply us with the documentary evidence?** | YES or NO |

**This information could affect the funding the Academy receives from Government**

**Ethnically Based Statistics:** We are required to collect ethnically based data which is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will only be used to enhance the provision for all students at the Academy.

|  |  |  |
| --- | --- | --- |
| Ethnic origins of child  please tick | Language spoken at home  please tick | Religion of child  please tick |
| African Asian Indian - Gujarati | Bengali Portuguese | Christian |
| Bangladesh Indian - Punjabi | Cantonese Punjabi | Hindu |
| Black African Other Indian | English Spanish | Jewish |
| Black British Pakistan | Greek Turkish | Muslim |
| Black Caribbean Travellers | Gujarati Urdu | Sikh |
| Black Other Vietnamese | Hindi Italian | Buddhist |
| Chinese White British | Pashtu | No Religion |
| Other (please specify) | Other (please specify) | Other (please specify) |

Please list any days absence required for religious observance: …………………………………………………………………………..........

**Other vital information**: The following information is required to ensure we provide the best support we can for your child both in and out of the classroom.

|  |  |
| --- | --- |
| **Medical Practice**: |  |
| **Address**:  **Telephone number**: |  |
| **Details of any medical conditions**: |  |
| **Details of any SEN status**: |  |
| **Does your child wear glasses**: | YES/NO |
| **Does your child have a hearing aid**: | YES/NO |
| **Details of any dietary**  **needs – either for medical or religious reasons:** |  |

**Widening Participation (WP):** As part of our WP programme it is essential for us to gather information about the educational history of our student’s parents and carers. This information will be held in the strictest confidence and will not be shared with any third parties.

|  |  |
| --- | --- |
| **Did either or both parent(s)/carer(s) attend University in the UK?** | YES/NO |

|  |  |
| --- | --- |
| **Signature of Parent/Carer:** | **Date:** |
| **Name of Parent/carer:**  **(Block capitals)** |

**Any other information you feel we should know about**: ……………………………………………………………………………………………………………………………………………………………………………………

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