

**PUPIL REGISTRATION FORM [*CONFIDENTIAL*]**

**TO BE RETURNED TO THE ALLOCATED SCHOOL**

**Longhill High School**

All schools are required by law to keep on record details of children admitted. This information also helps us to support your child within our school community. Please complete this form in BLOCK CAPITALS and hand it into the school office when accepting your child’s place. If your child is starting Primary education for the first time their birth certificate should be presented to the school for a copy to be placed on their file.

### PUPIL DETAILS

Legal Forename:

Legal Surname:

Middle name(s):

Preferred Forename:

Preferred Surname:

Date of birth:

Gender\*: Male / Female *(delete as applicable)*

### *\*we recognise that not all children and young people identify with the gender they were assigned at birth, or may identify as a gender other than male or female. However, the current systems (set nationally) only record gender as male or female. Please support your child to choose the gender they most identify with or, if they have another gender identity, please leave this blank and discuss this with your child’s school.*

### ADDRESS DETAILS

**Home Second Home / Other**

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:**

*\*required fields* **Type:** *Term Time / Overseas / Other*

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| **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 and address of the person with whom the child normally resides:** |
| **Reason**: **Dates Applicable**:  **Name:**  **Address:** |

### CONTACTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer**: **Mr/Mrs/Ms/Miss/Other** | | | | | | | | | | | **Parent/Carer**: **Mr/Mrs/Ms/Miss/Other** | | | | | | | | | | | | |
| Forename: | | | | | | | | | | | **Forename:** | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | **Surname:** | | | | | | | | | | | | |
| Address *(if different from home address):* | | | | | | | | | | | **Address** *(if different from home address):* | | | | | | | | | | | | |
| Post Code: | | | | | | | | | | | Post Code: | | | | | | | | | | | | |
| **Date of Birth**\*: | | DD | | | MM | | | YY | | | **Date of Birth**\*: | | DD | | | MM | | | | | YY | | |
| **National Insurance or NASS Number\***: | |  |  |  |  |  |  |  |  |  | **National Insurance or NASS Number\*** | |  |  |  | |  |  |  |  | |  |  |
| **\***This information will be used by the council to check for eligibility to claim additional grant money (the 'pupil premium') from central government. It will not be used for any other purposes and will remain confidential to the council. | | | | | | | | | | | | | | | | | | | | | | | |
| Tel No’s | Home: | | | | | | | | | | Tel No’s | Home: | | | | | | | | | | | |
| Mobile: | | | | | | | | | | Mobile: | | | | | | | | | | | |
| Work: | | | | | | | | | | Work: | | | | | | | | | | | |
| ***Please indicate which contact number is to be used first in an emergency by clicking (x) in one box*** | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail: | | | | | | | | | | | e-mail: | | | | | | | | | | | | |
| ***As all school communications are electronic please provide an email address, this will also grant access to the information portal*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Work:** *(for emergency use)*  Place of work:  Tel No:  Occupation: | | | | | | | | | | | **Work:** *(for emergency use)*  Place of work:  Tel No:  Occupation: | | | | | | | | | | | | |
| Priority to contact in an emergency: 1st 2nd 3rd 4th 5th | | | | | | | | | | | Priority to contact in an emergency: 1st 2nd 3rd 4th 5th | | | | | | | | | | | | |
| Parental Responsibility: Yes / No  Relationship to child: | | | | | | | | | | | Parental Responsibility: Yes / No  Relationship to child: | | | | | | | | | | | | |
| Who does the child live with? | | | | | | | | | | | | | | | | | | | | | | | |
| Please attach a copy of any court orders relating to your child. Please tick if attached | | | | | | | | | | | | | | | | | | | | | | | |

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| OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY EDUCATION ACT 1996 Parental responsibility may be shared between a number of people other than the child’s natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below: | | | |
| **Name: Relationship to child:** | | | |
| Home Address: | | **Place of Work:** | |
| Post Code: | | Occupation: | |
| **Tel Nos:** | Home: | **Tel Nos:** | Work: |
| Mobile: | Mobile: |
| Is the child living with foster parents: Yes  No  If *‘yes’*; which Authority is financially responsible for maintenance? | | | |

**ADDITIONAL EMERGENCY 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** | **Telephone numbers** |
| **1** |  | Priority to contact  1 2 3 4 5 | Yes/No *(delete as required)* | Home**:**  Mobile**:** |
| **2** |  | Priority to contact  1 2 3 4 5 | Yes/No*(delete as required)* | Home**:**  Mobile**:** |
| **3** |  | Priority to contact  1 2 3 4 5 | Yes/No*(delete as required)* | Home**:**  Mobile**:** |

### MEDICAL INFORMATION

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| DOCTOR |
| **Surgery Name and Address and Tel No:**  **:**: |
| **Doctor’s name:** |

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| **DIETARY NEEDS** | | | |
| Artificial colour allergy | Gluten free | Kosher food only | No dairy produce |
| No nuts of any type/quantity | No pork | Halal | Seafood allergy |
| Vegetarian | No beef | Other (please specify) | ……………………………… |

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| **MEDICAL INFORMATION** | | | | | | |
| **Medical Information**  *(including allergies, medication requirements)* |  | | | | | |
| Epilepsy | | | Diabetes | Asthma | | Eczema |
| Arthritis  Nut Allergy | | | Multiple Sclerosis | Tuberculosis  Other (please specify) | | 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 information you feel we should be aware of? (E.g. does your child have Special Educational Needs?) | | | | | | |
| Other children in the family: Names/relationship /age/ school  *(This information will only be used in relation to this submission to the school)* | |  | | | Position of the child this form refers to in the family (i.e. if this child has one older and younger sibling – write 2/3) | |

### MONITORING INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please complete the following. We want to make sure that **all** children are treated fairly and do well at school and this information will help us to monitor this and plan curriculum to meet their needs. Many of these categories are required by the Department for Education. We hope all families will complete this information to support our pupils, but you have the right to refuse to provide some or all of this information. If this is the case, please leave the section blank or tick the refused. | | | | | | |
| ETHNICITY | | | | | | |
| White White - British  White- Irish  Traveller of Irish Heritage  Gypsy/Roma  White - Eastern European  White - Western European  White other  Asian or Asian British  Indian  Pakistani  Bangladeshi  Any other Asian background | | Mixed  White & Black Caribbean  White & Black African  White & Asian  Any other mixed background  Black or Black British  Black Caribbean  Black - African  Any other Black background | | | Chinese  Chinese  Other  Arab  Iranian  Kurdish  Other ethnic group  **Refused** | |
| **NATIONALITY** (as described on pupil passport or European Economic area identity card). More than one nationality can be recorded. | | | | | | |
| **COUNTRY OF BIRTH** | | | | | | |
| **RELIGION** | | | | | | |
| Buddhist | Christian | | Catholic | Hindu | | Jewish |
| Muslim | Sikh | | No Religion | Other – **please state** | | |

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| CHILD’S FIRST LANGUAGE | | |
| Albanian / Shqip  Arabic  Bengali  Chinese  English  French  German  Hindi  Greek  Hungarian  Italian | Japanese  Lithuanian  Pashto / Pakhto  Persian / Farsi  Polish  Portuguese  Romanian  Russian  Spanish  Slovak  Tagalog/Filipino | Turkish  Urdu |
| Other – please state |

**Do you consider yourself or your child to have a disability**: YES / NO

If ‘yes’ please give details:

**Is your child privately fostered** (this means living with someone who does not have legal parental responsibility for a period of 28 days or more): YES / NO

**Any other information which you feel may be relevant:**

### ADDITIONAL INFORMATION

### SCHOOL HISTORY (for parents / carers to complete)

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| --- | --- | --- | --- | --- |
| PREVIOUS EDUCATION DETAILS (Most Recent First) | | | | |
| **School /**  **Pre-School Name** | **Contact Details** | **Start Date**  (dd/mm/yy) | **Date of leaving**  (dd/mm/yy) | **Reason For Leaving** |
|  | Address:  Telephone: |  |  |  |
|  | Address:  Telephone: |  |  |  |
|  | Address:  Telephone: |  |  |  |

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| **TRAVEL TO SCHOOL** | | | |
| Cycle | Car | Bus - public | Bus - school |
| Taxi | Walk | Bus – not known |  |
| Car Share | Train | Other |  |

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### PARENTAL DECLARATION

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| DATA PROTECTION STATEMENT:  The purpose of this form is to collect data for further processing within the school/LA systems. Your signature on this form implies your consent for the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Protection Commissioner's office and is subject to the Data Protection Act. 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*.* |

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| **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 agree to notify the school of any change in my child’s circumstances.  I agree to my child having dental, medical, hearing and nursing examinations or inspections. I understand that the headteacher must be informed of any conditions which might affect my child’s education.  Signed:    Date: |

**Please upload the completed form using the link on the website**

**Or**

**Print and send to:**

**Exams and Data**

**Longhill High School**

**Falmer Road, Rottingdean**

**Brighton, BN2 7FR**