



PUPIL REGISTRATION FORM

Longhill High School are required by law to keep on record information about students, their parents/carers, emergency contacts, medical and health information, ethnicity, religion and language as well as other relevant information.

By completing and signing this form, you agree that Longhill High School can process your data. Your data will be used in accordance with the current information provided by the Data Protection Commissioner's Office and is subject to the Data Protection Act. The information given will be stored on computer and will form part of our database.

Student Details

Legal Forename:	
Legal Surname:	
Middle Name/s:	
Preferred Forename: <i>(if different from legal)</i>	
Preferred Surname: <i>(if different from legal)</i>	
Date of Birth:	
Gender*:	
Student's email address: <i>(if applicable)</i>	
Student's phone number: <i>(if applicable)</i>	

**Please indicate which gender the student most identifies with. The current national systems can only record male/female, so if the student has a different gender identity please discuss this with the school.*

Student Address

Flat/Apartment Number:	
Block Name:	
House Number/Name:	
Street:	
Town:	
Postcode:	
Who does the student live with?	

Parents/Carers

<u>Parent/Carer 1:</u>	<u>Parent/Carer 2:</u>
Title: Mr/Mrs/Ms/Miss/Other	Title: Mr/Mrs/Ms/Miss/Other
Forename:	Forename:
Surname:	Surname:
Relationship to Student:	Relationship to Student:
Home Address (if different to student):	Home Address (if different to student):
Mobile Phone:	Mobile Phone:
Other Phone (<i>Home/Work</i>):	Other Phone (<i>Home/Work</i>):
Email Address:	Email Address:

Parental Responsibility

Parental Responsibility is sometimes shared between a number of people. Married parents have equal parental responsibility; on separation or divorce both parents continue to have parental responsibility unless specified by a court.

Please list anyone else that has parental responsibility for the student (NOT including the parent/carer listed above):

<u>Full Name</u>	<u>Address, Phone and Email</u>

Emergency Contacts

Sometimes we may be unable to contact the parents/carers listed above during the school day. Please list any other emergency contacts in order of preference:

<u>Priority</u>	<u>Full name and relationship to student</u>	<u>Phone Number(s)</u>
1		
2		
3		
4		

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

Medical and Health Information

Doctors Surgery:	
Named Doctor:	

Dietary Needs (tick all that apply):

Artificial Colour Allergy	<input type="checkbox"/>	No Dairy	<input type="checkbox"/>	Nut Allergy (no nuts of any type/quantity)	<input type="checkbox"/>
Gluten Free	<input type="checkbox"/>	No Egg	<input type="checkbox"/>	Seafood Allergy (including fish and shellfish)	<input type="checkbox"/>
Halal	<input type="checkbox"/>	No Pork	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>
Kosher	<input type="checkbox"/>	No Beef	<input type="checkbox"/>		
Other (Please Specify):					

Medical Information (tick all that apply):

Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma*	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	A.D.H.D	<input type="checkbox"/>		
Other (please Specify):					
* Does the student carry an inhaler? Yes/No					

Have any other services been involved with the student?

(e.g. Health Visitor; Social Services; Educational Psychologist; Bilingual Support; Speech Therapist; Assessment or Diagnostic Units)

Is there any other information about the student that you feel we should be aware of?

(e.g. any special educational needs)

Do you consider the student to have a disability? YES/NO

If 'Yes' Please give details:

Additional Information

Previous Schools:

School Name	Date Started	Date Left	Reason for leaving

Travel to school:

Cycle	<input type="checkbox"/>	Car	<input type="checkbox"/>	Bus (School)	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Bus (Public)	<input type="checkbox"/>
Car Share	<input type="checkbox"/>	Train	<input type="checkbox"/>		

Monitoring Information

We are required by the Department of Education to record this information about their students. We want to make sure that ALL children are treated fairly and do well at school, and this information helps us to monitor and plan the curriculum to meet their needs.

If you do not want to supply this information you MUST write 'Refused' or tick the 'Refused' box.

First Language: <i>(the first language the student spoke as a child)</i>	
Home Language: <i>(Language spoken most frequently at home)</i>	

Student Ethnicity (please tick ONE):

White – British		Asian or Asian British – Indian	
White – Irish		Asian or Asian British – Pakistani	
White – Eastern European		Asian or Asian British – Bangladeshi	
White – Western European		Asian or Asian British – Any other Asian background	
White – Any other white background		Black or Black British – Caribbean	
Traveller of Irish Heritage		Black or Black British – African	
Gypsy/Roma		Black or Black British – Any other black background	
Arab		White and Black Caribbean	
Iranian		White and Black African	
Kurdish		White and Asian	
Chinese		Any other mixed background	
Any other ethnice group		Refused	

Student Religion (please tick ONE):

Buddhist		Hindu		Muslim		No Religion	
Christian		Jewish		Sikh		Refused	
Other:							

Consent and Parent Information

Please **tick** the relevant boxes below to confirm that you have read, understand and give consent for the following:

All policies and documents are available on the Longhill.org.uk website under the 'Prospective Parents' and 'Information' tabs.

<u>Policy/Information</u>	<u>Consent Given</u>
I accept the place offered and agree to abide by the School Rules, uniform standards, behaviour expectations, discipline, consequences and sanctions in accordance with school policies.	
Home/School Partnership Agreement	
Attendance Policy	
Student Acceptable ICT Use	
Cashless Catering and Biometrics	
Photographic Consent	

In addition to this, please read the following information sheets (that can be found on the school website under 'Prospective Parents' then 'Information'):

- The Privacy Notice for Parents, Carers and Pupils
- Medical Parental Consent Form (for students that need regular medication, or that carry an inhaler, epipen or similar)
- Locker Application

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.

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 return this form to:

Data Manager
Longhill High School
Falmer Road
Rottingdean
BN2 7FR

OR

Email the form to:
admissions@longhill.org.uk