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Empowering children through a sustainable, diverse, arts-enriched education.

THORNHILL PRIMARY SCHOOL – PUPIL REGISTRATION FORM
CONFIDENTIAL

Thornhill Primary School have a legal obligation to collect certain information about your child attending our school. Please refer to our **School Privacy Notice** which details why we ask for this information, where the information is stored and to whom we share it with.

There are additional items of information which our school is specifically asking for and requires your consent. These additional items are identified in Section 4 within this form.

Please complete this form for your child and return it to the school office as soon as possible.

If you need any guidance, assistance or further clarification with completing this form, please ask a member of the school office to help you.

SECTION 1: Pupils' Details

Date Completed

First Name:	Middle Name:	Surname:
Name on birth certificate if different from current surname and previous names/surnames:		
Date of Birth:	Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		
Postcode:		
Parents email address:		
Required Start Date (for nursery only):		
I confirm a copy of the birth certificate will/has been seen by the office <input type="checkbox"/>		
If you require 30 hours for Nursery please tick <input type="checkbox"/>		

Details of any siblings that have or do attend Thornhill Primary School

<u>Name</u>	<u>Date of Birth</u>

HM Forces: Is the pupil a child of a parent or parents which serve in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil?
 Yes No Prefer not to say

Court orders: Yes No not applicable
 Please provide details of any court order applying to your child (e.g. Ward of court, Legal rights of access etc.)

Ethnicity

White:	British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy <input type="checkbox"/> Roma <input type="checkbox"/> Other <input type="checkbox"/>
Mixed:	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Other <input type="checkbox"/> Mixed other:
Asian or Asian British:	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background:
Black or Black British:	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background:
Any Other Ethnic Group:	Information withheld <input type="checkbox"/>
Languages spoken at home:	Nationality:
Country of Birth:	Religion:

Previous School History

<u>Name of School</u>	<u>Address</u>	<u>Start Date</u>	<u>Leave Date</u>

Has the pupil come from abroad?
 Yes No If yes, which country?

Section 2: Emergency Contact Information

This information is required to allow the school to manage your child's safety, well-being and to contact you when needed in case of emergency.

As the main parent/carer completing this form, **please ask for the permission of all other contacts for their details to be included in this section.** The school will act on the information provided.

Please **enter contact details in the order you wish them to be contacted** in the event of an emergency. You can enter up to three individual contacts.

Daytime Emergency Contact (at least 2 are required)

1 Name	
Relationship to child	
Address if different from child	
Home phone number	
Mobile phone number	
Email address	

2 Name	
Relationship to child	
Address if different from child	
Home phone number	
Mobile phone number	
Email address	

3 Name	
Relationship to child	
Address if different from child	
Home phone number	
Mobile phone number	
Email address	

* We have in school a texting service to contact parents of any school closures or events. The text will be sent to the mobile number of the 1st point of contact.

Section 3: Medical and Health Information of Pupil

Name of Doctor and Address of Surgery:		
Immunisations: Complete <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>		Date of Tetanus:
Please tick any of the following that apply:	Hearing difficulties <input type="checkbox"/> Speech difficulties <input type="checkbox"/> Sight difficulties <input type="checkbox"/> Are glasses worn ? <input type="checkbox"/>	Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/>
If you answer yes to any of the above, please explain:		
Does your child have any allergies? (such as nuts/Penicillin/Plasters/Stings) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:		
Does your child have an Epi Pen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have an intolerance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Does your child have Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do they have an inhaler? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a medical condition that the school should be aware of? E.g. Hypermobility Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Does your child take regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Do you give permission for the school to contact the Doctor in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you give permission for the school to administer first aid in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have any other medical condition that the school should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details of the condition and any emergency procedures that need to be followed:		
Does your child have a special educational need? (SEN) Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:	
Are there any other agencies involved with your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		

Section 4: Dinner and Dietary requirements

Universal free school meals Yr. R-2 Free school meals Packed Lunch Paid Lunch

Dietary preference Please tick if any of the following that apply.			
Artificial colouring allergy <input type="checkbox"/>	Gluten free (medical evidence must be provided) <input type="checkbox"/>	No sauces e.g. Ketchup/Mayo <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Kosher foods only <input type="checkbox"/>	No Pork <input type="checkbox"/>	No Fish <input type="checkbox"/>	Any other dietary information:
Seafood allergy <input type="checkbox"/>	No Beef <input type="checkbox"/>	No Milk <input type="checkbox"/>	
Halal <input type="checkbox"/>	No Chicken <input type="checkbox"/>	No Nuts <input type="checkbox"/>	
No dairy produce <input type="checkbox"/>		No eggs <input type="checkbox"/>	

Does your child have any food allergies? Yes No
 If yes, please name the specific food and the reaction it may cause:

Has your child been diagnosed with a food allergy by a doctor? Yes No

Name of doctor:	
Surgery address:	

My child can self-monitor the foods they eat: Yes No

My child cannot have any of the listed foods Yes No

Symptoms of my Childs food intolerance include:	Nausea <input type="checkbox"/>	Cramping/abdominal pain <input type="checkbox"/>	
Vomiting <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Other – Please describe:	
Timing of onset of symptoms after ingestion:	Immediately <input type="checkbox"/>		
Within 15 mins <input type="checkbox"/>	Within 1 hour <input type="checkbox"/>	Within 2 hours <input type="checkbox"/>	Other:

My child will need a food intolerance plan: Yes No

Mode of Travel

Walk <input type="checkbox"/>	Public Bus service <input type="checkbox"/>	Taxi <input type="checkbox"/>
Car / Van <input type="checkbox"/>	Cycle / Scooter <input type="checkbox"/>	Other – Please state:

Section 5: Permission

1. Internet Use

I give permission for my child to use the internet as part of their learning. I have read the **E-Safety Acceptable User Police Agreement** for Parents and also a separate agreement for EYFS/KS1 or KS2 and returned to the school. I agree that my child will adhere to the rules.

Yes I agree **No I do not agree**

2. Agreement between Home and School

I have read the **Home School Agreement** sheet and understand how we will work together.

Yes I agree **No I do not agree**

3. School Trips

We encourage our pupils to visit places of interest. Sometimes these trips are local and sometimes further away. These visits generally take place in school time and on such occasions, you will be informed by letter or in the home school book in advance of the visit. If there is a visit, which you do not want your child to take part in, please inform the school. I give permission for my child to take part in school visits to places of interest.

Yes I agree **No I do not agree**

4. Image and Video consent

Do you give consent for images and videos of your child to be used in public facing materials, which may include but are not limited to:

- School newsletters
- The school website
- School social media accounts
- Marketing materials
- School presentation

Yes I give consent **No I do not give consent**

Section 6: Privacy Notices

Privacy

I understand that the schools Privacy Notices are available on the school website and can request a copy from the School Office. By reading these notices, I understand:

- Thornhill Primary School has a legal and legitimate interest to collect and process my personal data in order to meet statutory requirements.
- How my data is used.
- Thornhill Primary School may share my data with the DfE, and subsequently the LA.
- Thornhill Primary School will not share my data to any other third parties without my consent, unless the law requires the school to do so.
- Thornhill Primary School will always ask for explicit consent where this is required, and I must provide this consent if I agree to the data being processed.
- My data is retained in line with the school's GDPR Data Protection Policy.
- My rights to the processing of my personal data. Where I can find out more information about the processing of my personal data.

Read and understood

School Performances

Any photograph or videos that are taken on the school grounds, including school performances, are used for family use and must not be published in any websites without the direct permission of the Head Teacher.

Read and understood

Physical Education and swimming

All jewellery must be removed before both P.E. and swimming lessons.

This includes earrings, sleepers & studs.

For children who have just had their ears pierced please cover with sticking plaster or similar, provided from home, for the first six weeks.

Long/Shoulder length hair should be tied back.

Read and understood

Thank you for taking the time to complete this form.

- The information collected in this form will be kept confidential and safe. We will from time to time check these details with you to ensure that we have the latest information.
- Please ensure that you inform us of any changes to these details, in particular, contact telephone numbers as we use these to communicate with our parents/carers on a regular basis.
- Please read the **School Privacy Notice** regarding how we keep information secure, how we use it and who we share it with and also information about your rights of access to this information.
- Once you have read the **School Privacy Notice** which is displayed on our school website, please complete the final section – Parent/ Carer Declaration Section 7

Section 7: Parent/Carer Declaration

Section 1 – Pupils Details

The personal information provided is under the legal obligation the school holds in undertaking its responsibilities.

I have completed this section and have provided accurate information relating to my child.

Signature of parent/Carer:

Print name:

Date:

Section 2 – Emergency contact information

The information provided is in the interests of safety and well-being of my child and will be used by the school when appropriate and in cases of any emergency effecting my child.

I have the permission of the individuals for whom contact information has been provided and I have completed this section with accurate information relating to contact details

Signature of parent/Carer:

Print name:

Date:

Section 3 & 4 – Medical and Dietary

The information provided is in the interests of safety and well-being of my child whilst in the care of the school.

I have completed this section and for each item listed I have provided accurate information for my child.

Signature of parent/Carer:

Print name:

Date:

Section 5 & 6 – Permission and Privacy

I have completed this section and for each item listed I have given / not given consent as I have deemed appropriate for my child.

Signature of parent/Carer:

Print name:

Date:

I declare that the information given in this form is accurate and will endeavour to inform the school of any changes to the pupil's personal details and contact details given at the earliest opportunity.

I have read the School's Privacy Notice and understand the legal basis for the information collected in this form, how it is used and shared with third parties.

Signature of parent/carers _____

Print name _____

Date _____