

Form No. 1: Student Registration Form

Educational Services- Confidential



Application for Admission to Dorothy Stringer School - Student's Details

Please ensure that all sections/questions are completed. Failure to do so could delay the registration process

Legal Surname:		Legal Forename:	
Middle Name(s):		Date of Birth:	
Preferred Surname:		Preferred Forename:	
Gender: Male / Female <i>(delete as applicable)</i>		Student Mobile No:	
Home Address		Second Home Address	
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: _____	
<i>*required fields</i>		Type <i>(delete as applicable)</i> . Term Time / Overseas / Other	
Parent/Carer: Mr/Ms/Mrs/Miss/Other		Parent/Carer: Mr/Ms/Mrs/Miss/Other	
Forename:		Forename:	
Surname:		Surname:	
Home Address (if different from above):		Home Address (if different from above):	
Tel Nos:	Home: _____	Tel Nos:	Home: _____
	Mobile: _____		Mobile: _____
	Work: _____		Work: _____
e-mail: _____		e-mail: _____	
Work: <i>(for emergency contact use)</i> Tel No: _____		Work: <i>(for emergency contact use)</i> Tel No: _____	
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 that the school should be aware of. Please tick if attached <input type="checkbox"/>			
Other children in the family who are attending/have attended Dorothy Stringer:			

ADDITIONAL EMERGENCY CONTACT

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 other than contacts on first page, we can contact on such an occasion. Details should be listed in the order of contact preference.

No	Name & relationship to child		Parental responsibility	Daytime address & telephone number <i>(if same as child's home address please write 'home')</i>
1	Name (Title/Forename/Surname): Relationship:	Priority to contact in an emergency 1 2 3 4 5	YES / NO <u>(delete as required)</u>	Address: Daytime telephone:
2	Name (Title/Forename/Surname): Relationship:	Priority to contact in an emergency 1 2 3 4 5	YES / NO <u>(delete as required)</u>	Address: Daytime telephone:

MEDICAL INFORMATION

Doctor's Details

Surgery Name, Address & Telephone No:

Doctor's Name:

Special Dietary Needs: *Please tick which apply*

<input type="checkbox"/>	Pescatarian	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	No dairy produce
<input type="checkbox"/>	Nut allergy	<input type="checkbox"/>	Kosher	<input type="checkbox"/>	Seafood allergy
<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Halal	<input type="checkbox"/>	Other <i>(please specify)</i>

Medical Conditions: *Please tick which apply*

<input type="checkbox"/>	ASD	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Nut Allergy
<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other <i>(please specify)</i>
<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Penecillin Allergy		

If your child uses an inhaler, is it carried on their person? **YES / NO *(delete as required)***

DISABILITY INFORMATION:

Do you consider yourself or your child to have a disability?: YES / NO ***(delete as required)***
 If 'yes' please give details:

RELIGION - *Please tick which applies*

- | | | | |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Refused | |

ETHNICITY - *Please tick which applies*

- | | | |
|---|--|---|
| <p>White</p> <ul style="list-style-type: none"> <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> White - Eastern European <input type="checkbox"/> White - Western European <input type="checkbox"/> White - Other <p>Asian or Asian British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian heritage | <p>Mixed</p> <ul style="list-style-type: none"> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed heritage <p>Black or Black British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other black heritage | <p>Chinese</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chinese <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arab <input type="checkbox"/> Iranian <input type="checkbox"/> Kurdish <input type="checkbox"/> Other ethnic group <input type="checkbox"/> Refused |
|---|--|---|

Asylum Seeker/Refugee: Please tick box if this applies. If you do not wish to supply this information please write 'refused' here.

CHILD'S FIRST LANGUAGE - *Please tick which applies*

- | | | |
|--|--|---|
| <input type="checkbox"/> Albanian/ / Shqip | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Tagalog/Filipino |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pashto / Pakhto | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> English | <input type="checkbox"/> Persian / Farsi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish | <input type="checkbox"/> Refused |
| <input type="checkbox"/> German | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other – please specify here: |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Romanian | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Romanian | |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Russian | |

TRAVEL TO SCHOOL - *(Please tick one only)*

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Cycle | <input type="checkbox"/> Walk | <input type="checkbox"/> Other - specify here: |
| <input type="checkbox"/> Car Share | <input type="checkbox"/> Bus - public | |
| <input type="checkbox"/> Car | | |

PREVIOUS SCHOOL(S)

Name of the last school attended:

Address:

Postcode:

Telephone:

Dates attended from: to:

Reason for leaving:

Number of other schools attended in the UK:

ADDITIONAL SUPPORT

Does your child have an Educational, Health and Care Plan (EHCP)? (Please tick)

YES NO

Is your child receiving extra help at school? (Please tick)

At SEN support

At School Support

Other (please specify) :

Do you have contact with any outside agencies such as, CAMHS, Social Services, Education Psychology Service.

Please state:

Does your child require any ongoing medication? (Please tick)

YES NO

If yes, please give clear information about the name of the medication, strength and dose even if it is not required during the school day.

DECLARATIONS

LEARNING GATEWAY (SLG) *(do not complete if you are already registered)*

I confirm that I have read the information concerning the Learning Gateway and that I have **Parental Responsibility**. I agree that it is my responsibility to keep my login details secure. Please send my password to the email address on page 1 of this form and text me my User Name to the mobile number on page 1.

First Contact

Parent / Carer Name:

.....

Parent / Carer Signature:

.....

Second Contact

Parent / Carer Name:

.....

Parent / Carer Signature:

.....

Obviously online security is important. Your login details are being sent out to you only and you will only be able to access data for your child/children. Please keep them safe so that no one else can access this data.

Do you receive Free School Meals? YES / NO *(delete as applicable)*

Parent/Carer 1: Do you have a university degree? YES / NO *(delete as applicable)*

Parent/Carer 2: Do you have a university degree? YES / NO *(delete as applicable)*

Note: This information is only required because some school trips are funded by the universities for 'First Generation Scholars' only, i.e., young people whose parents/carers have not been to university.

PARENT / CARER DECLARATION

DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within the school. Your signature on this form implies your consent for the school to process the data. The data will be processed in accordance with GDPR guidelines as outlined in our Privacy Notice www.dorothy-stringer.co.uk / Information / Policies.

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 ENSURE THAT ALL PARTS OF THIS FORM ARE COMPLETED

Please return this form in the self-addressed envelope enclosed, either by post or by hand to Reception