

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 Family Name:		Legal Forename:	
Middle Name(s):		Preferred Forename:	
Preferred Family Name:		Date of Birth:	
Gender: Male / Female <i>(delete as applicable)</i>		Student Mobile No:	
Home		Second / Other Home	
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:	
Address <i>(if not home address above):</i>		Address <i>(if not home address above):</i>	
Post Code:		Post Code:	
Tel Nos:	Home: _____	Tel Nos:	Home: _____
	Mobile: _____		Mobile: _____
e-mail: _____		e-mail: _____	
Work: <i>(for emergency contact use)</i>		Work: <i>(for emergency contact use)</i>	
Tel No: _____		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		Parental Responsibility: YES / NO	
Relationship to child:		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"/>			

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 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		Priority to contact in an emergency 1 2 3 4 5	YES / NO <u>(delete as required)</u>	Address:
2		Priority to contact in an emergency 1 2 3 4 5	YES / NO <u>(delete as required)</u>	Address: Phone:

MEDICAL INFORMATION

Doctor's Details

Surgery Name, Address & Telephone No:

Doctor's Name:

Special Dietary Needs: *Please tick which apply*

<input type="checkbox"/>	Artificial colour allergy	<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"/>	Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other <i>(please specify)</i>
<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Multiple Sclerosis		

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:

Other children in the family who are attending/have attended Dorothy Stringer:

ETHNICITY AND RELIGION - *Please tick which applies***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 heritage

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed heritage
- Any other black heritage

Black or Black British

- Black Caribbean
- Black African
- Any other black heritage

Chinese

- Chinese

Other

- Arab
- Iranian
- Kurdish
- Other ethnic group
- Refused

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"/> Other |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | <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 | | |

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 post me my User Name.

First Application

Parent / Carer Name:

.....

Parent / Carer Signature:

.....

Second Application

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 marked for the attention of The Admissions Secretary, The Hub (Pastoral Office)