



# Priorslee Academy New Student Registration Form

CHILD'S DETAILS			
Full legal name of child:			
Preferred name of child:			
Date of birth:		Boy <input type="checkbox"/>	Girl <input type="checkbox"/>
Home address:			
Postcode:	Year group:	Have they ever been entitled to Free School Meals? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Priority contact:	1 or 2	1 or 2
Title & full name:	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms
Parental responsibility?	Yes / No	Yes / No
Relationship to child:		
NI number:		
Email Address:		
Home phone:		
Mobile phone:		
Work address and phone:		
Address: leave blank if same as above.		
Postcode:		
Member of the Armed Forces?	Yes / No	Yes / No
Contact restrictions with child? If yes, please give details.		

ALTERNATIVE CONTACT(S)	1	2	3
Name:			
Telephone number(s):			
Relationship to child:			
Authorised to collect child?	YES / NO	YES / NO	YES / NO
Collection password to be given to those authorised to collect. Guardians will not be able to collect children without this password.			
Does this child have a sibling at Priorslee Academy or Priorslee Academy Pre-School?	YES / NO		

### ETHNIC BACKGROUNDS, LANGUAGE AND RELIGION

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above:

WHITE		ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH	
British		Indian		Caribbean	
Irish		Mirpuri Pakistani		Japanese	
Traveller of Irish heritage		Other Pakistani		Korean	
White European		Bangladeshi			
Gypsy/Roma		Any other Asian background			
Any other White background					
MIXED/DUAL BACKGROUND		ANY OTHER ETHNIC GROUP			
White and Black Caribbean		Chinese			
White and Black African		African			
White and Asian		Any other Black background			
Any other mixed background					

<b>LANGUAGE</b>	Home:	
	Additional:	
<b>RELIGION</b>		
<b>NATIONALITY</b>		
<b>COUNTRY OF BIRTH</b>		
<b>DISABILITY</b>		

### PREVIOUS SETTING

Name and address of previous nursery or primary school (if applicable):

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### DOCTOR'S DETAILS

Doctor's name:

Doctor's telephone number:

Doctor's address:

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### MEDICAL DETAILS

Does your child have any medical conditions we should be made aware of? For example, allergies or long-term medication. Please give details:

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Do you give permission for staff to administer first aid?

Yes  No

I consent to necessary or emergency medical treatment to be sought and administered including anaesthetic and blood transfusions, as considered necessary by the medical authorities

Yes  No

### SPECIAL DIETARY REQUIREMENTS

Does your child have any special dietary requirements? E.g. Vegetarian. Please give details:

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### FRUIT AND MILK

Do you give permission for your child to have free fruit?

Yes  No

Do you give permission for your child to have free milk?

Yes  No

**OTHER**

Is there any other information related to the care of your child of which we should be aware?  
Please give details:

**PERMISSIONS**

Do you give permission to take your child on outings/educational visits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for photographs of your child for development files and displays?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for photographs of your child to be used for promotional purposes? E.g. Newspaper, TV, school newsletter, prospectus	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for photographs of your child to be used on the school website and social media accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signature:****Date:**