GREENSHAW LEARNING TRUST

TYNDALE PRIMARY SCHOOL

Student Registration Form

When your child joins Tyndale Primary School it is vital that we have certain information that will help us to ensure that they are cared for to the best of our ability. Some of this information enables us to contact you easily on matters of concern to us, some helps us to look after your child while they are in school and some (Child Details) are required by law.

Child details – Please complete this form in full. If the space provided is not sufficient in any section please attach a separate sheet. If you have any queries when completing the form, please contact the admissions officer.

Surname: _____ **Forename:** _____

Middle name(s): _____ **Sex** (please tick)**:** ☐ Male ☐ Female

Preferred name: _____ **Date of birth:** _____

Address: _____

_____

_____ **Post code:** _____

Parents' details – Please note: That being a step parent does not automatically grant parental responsibility.

Parent/carer: Title: _____ **Forename:** _____

Surname: _____

Relationship to child (eg mother/father, stepmother/stepfather, foster mother/father, guardian)**:** _____

Address (if different from the child): _____

_____

_____

_____ **Post code:** _____

National Insurance Number (A parent's/carer's date of birth and National Insurance Number enables us to check your child's eligibility for means tested Free School Meals status and Pupil Premium Funding (please note this is not the same as Universal Free School Meals which currently every Reception, Year 1 and Year 2 child receives). You only need to give the date of birth and national insurance number for one parent. By giving these details you consent to us performing a Free School Meal check):

NI number: _____

Parents' date of birth: _____

Home tel no: _____

Mobile tel no: _____

Work tel no: _____

Email: _____

Do you have parental responsibility for the child?

(please tick) ☐ Yes ☐ No

Parent/carer: Title: _____ **Forename:**

Surname: _____

Relationship to child (eg mother/father, stepmother/stepfather, foster mother/father, guardian)**:** _____

Address (if different from the child): _____

_____

_____

_____ **Post code:** _____

National Insurance Number (A parent's/carer's date of birth and National Insurance Number enables us to check your child's eligibility for means tested Free School Meals status and Pupil Premium Funding (please note this is not the same as Universal Free School Meals which currently every Reception, Year 1 and Year 2 child receives). You only need to give the date of birth and national insurance number for one parent. By giving these details you consent to us performing a Free School Meal check):

NI number: _____

Parents' date of birth: _____

Home tel no: _____

Mobile tel no: _____

Work tel no: _____

Email: _____

Do you have parental responsibility for the child?

(please tick) ☐ Yes ☐ No

Correspondence – Please confirm how you would like us to address letters, reports, etc.

Mr & Mrs/ Mr/Mrs/Miss/Ms/Other _____ **Initials:** _____ **Surname:** _____

Address: _____

_____ **Post code:** _____

Names of sibling(s) currently at Tyndale Primary School

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Special family circumstances – in the space below, please give any information regarding the child's family circumstances that you think the school should know. In particular it is useful for us to know:

This information helps the school to establish whether it can apply for additional funding or support and also ensures that we are compliant with the Safeguarding Children in Education Act (2002).

Is the child adopted or have they ever been a Looked After Child? If yes, please give details:

The name and telephone number, if applicable, of any allocated social worker:

The name and address of a non-custodial parent who wishes to receive information about the child's progress:

Any details regarding restricted access arrangements following custody proceedings (if either parent is denied access a copy of the court papers must be attached to this form):

Has your family ever had any other agencies working with you (such as CAMHS, the borough, school attendance, SEN)? If yes, please give details:

Is the child a young carer, eg a member of their family has a disability or ASD? If yes, please give details:

GP details – Please provide information regarding your child's General Practitioner (GP)

Name of GP: Dr _____

Name of surgery: _____

Surgery address: _____

_____ **Post code:** _____

Surgery telephone number: _____ **NHS no:** _____

Emergency telephone numbers

In the event of parent(s) being unavailable, please give details of other responsible adults who we can contact in the event of an emergency. You should notify the contacts listed to inform them that we hold their details and that they will not be used for any other purpose.

Emergency contact 1

Name: Mr/Mrs/Miss: _____

Initial: _____ **Surname:** _____

Tel no: _____

Relationship to child: _____

Emergency contact 2

Name: Mr/Mrs/Miss: _____

Initial: _____ **Surname:** _____

Tel no: _____

Relationship to child: _____

Ethnic background

Please tick:

- Afghan
- African Asian
- Albanian
- Any Other Asian Background
- Any Other Black Background
- Any Other Ethnic Group
- Any Other Mixed Background
- Any Other White Background
- Arab
- Arab Other
- Asian and Any Other Ethnic Group
- Asian - Black
- Asian - British
- Asian - Chinese
- Asian - Welsh
- Bangladeshi
- Black - African
- Black - Angolan
- Black - Congolese
- Black - Ghanaian
- Black - Nigerian
- Black - Sierra Leonean
- Black - Somali
- Black - Sudanese
- Black - British
- Black - Chinese
- Black - Welsh
- Black and Any Other Ethnic Group
- Black Caribbean
- Black European
- Black North American
- Bosnian-Herzegovinian
- Chinese
- Chinese and Any Other Ethnic Group
- Croatian
- Egyptian
- Filipino
- Greek
- Greek Cypriot
- Greek/Greek Cypriot
- Gypsy
- Gypsy/Roma
- Hong Kong Chinese
- Indian
- Iranian
- Iraqi
- Italian
- Japanese
- Kashmiri Other
- Kashmiri Pakistani
- Korean
- Kosovan
- Kurdish
- Latin/South/Central American
- Lebanese
- Libyan
- Malay
- Malaysian Chinese
- Mirpuri Pakistani
- Moroccan
- Nepali
- Other Asian
- Other Black
- Other Black African
- Other Chinese
- Other Ethnic Group
- Other Gypsy/Roma
- Other Mixed Background
- Other Pakistani
- Other White British
- Pakistani
- Polynesian
- Portuguese
- Roma
- Serbian
- Singaporean Chinese
- Sri Lankan Other
- Sri Lankan Sinhalese
- Sri Lankan Tamil
- Taiwanese
- Thai
- Irish Traveller
- Turkish
- Turkish Cypriot
- Turkish/Turkish Cypriot
- Vietnamese
- White - British
- White - Cornish
- White - English
- White - Irish
- White – Northern Irish
- White - Scottish
- White - Welsh
- White and Any Other Asian Background
- White and Any Other Ethnic Group
- White - Asian
- White - Black African
- White - Black Caribbean
- White - Chinese
- White - Indian
- White - Pakistani
- White Eastern European
- White European
- White Other
- White Western European
- Yemeni
- I do not wish an ethnic background category to be recorded

First language

We are required to collect information about each child's first language. This is the language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

If your child's first language is a language other than English, please record this language below. The question is not about how well your child speaks English. You can ask to check the information about your child's first language at any time and, if you wish, to have information changed or removed. To help we have listed below the 20 most frequently recorded first languages in schools.

* please indicate which form of language in the space provided.

Arabic* _____

Bengali* _____

Bulgarian _____

Chinese * _____

English _____

Farsi/Persian* _____

French _____

Gujarati _____

Hindi _____

Korean _____

Lingala _____

Kurdish _____

Polish _____

Portuguese _____

Russian _____

Serbian/Croatian/Bosnian* _____

Somali _____

Tamil _____

Turkish _____

Urdu _____

Other (block capitals please)**:** _____

If you do not wish us to hold this data about your child please tick this box ☐

Religion

Child's religion (block capitals please)**:** _____

If you do not wish us to hold this data about your child, please tick this box ☐

Are either of you (child's parents) a member of the armed forces?

Please tick: ☐ Yes ☐ No

Are there any medical conditions or dietary requirements that the school should be made aware of?

Please tick:

Asthma ☐ Yes ☐ No
Diabetes ☐ Yes ☐ No
Epilepsy ☐ Yes ☐ No
Hayfever ☐ Yes ☐ No
Food allergy ☐ Yes ☐ No
Other ☐ Yes ☐ No

Hearing difficulties ☐ Yes ☐ No
Sight problems ☐ Yes ☐ No
Wears glasses ☐ Yes ☐ No
Dietary requirements ☐ Yes ☐ No

If yes, please give details below, including details of any regular medication required:

_____

_____

Will your child have a school dinner or a packed lunch?

School dinner ☐ Packed lunch ☐

Consent to take part in food activities at school

Please tick: ☐ Yes ☐ No

Residency

Have you lived in the UK for less than 2 years? Please tick**:** ☐ Yes ☐ No

If yes, what date did you enter the UK? **Date:** _____

Usual mode of travel

Please tick the relevant box detailing child's usual mode of travel to school. (NB Please tick only one box.)

If the child uses more than one mode of travel the longest element of the journey by distance should be recorded.

CAR ☐

CAR SHARE (with child/children) ☐

CAR/VAN ☐

CYCLE ☐

DEDICATED SCHOOL BUS ☐

OTHER ☐

PUBLIC BUS SERVICE ☐

TAXI ☐

TRAIN ☐

WALKS ☐

Previous school/nursery

Please provide the name and address of your child's previous nursery or school.

_____

_____

_____

_____

Assessment and data

In order to monitor and support your child's learning we would like to carry out assessments when necessary.

Please indicate your consent for us to administer the assessment tests and to share your child's data with the appropriate bodies, by signing the declaration below. All test materials, results and individual reports are held in accordance with the Relevant Data Protection legislation. These will be held securely for a period of 25 years from the date of birth (or for 35 years in the case where a child has a statement for their educational needs), after which time they will be destroyed. We will not use the data for any other purpose without the permission of the child to whom it refers, unless authorised by law to do so.

Declaration (please complete)**:**

I give my consent for the assessments to be administered and I agree to the results being shared with the relevant parties.

Signature of parent/guardian: _____ **Date:** _____

Name of parent/guardian (block capitals please)**:** _____

Relationship to the child: _____

Photographs and video

The school is part of the Greenshaw Learning Trust. The school/trust may use photographs and videos of your son/daughter for educational and promotional purposes, both within school, in school/trust publications (such as on the school/trust media sites).

Please tick here:	**YES**	**NO**
On display boards within school	☐	☐
In school/trust publications (eg newsletter, learning journeys)	☐	☐
In school/trust marketing material (eg school brochure)	☐	☐
On the school/trust website	☐	☐
On the school/trust social media (eg Twitter/Facebook)	☐	☐
To be photographed during events where the local newspapers have been invited	☐	☐
I give permission for my child to be photographed by the school photographer for class photographs	☐	☐
I understand that proofs of class photographs are sent to all parents of children within the class	☐	☐

You have the right to withdraw your consent at any time by contacting the school office.

School visit consent form

I agree for my child to:

a) Take part in school trips and other activities that take place off school premises; and

b) To be given first aid or urgent medical treatment during any school trip of activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include:
  – all visits which take place during the holidays or a weekend
  – adventure activities at any time
  – off-site sporting fixtures during and outside the school day.
- We will send you information about each trip or activity before it takes place and ask your permission again.
- You can, if you wish, tell us that you do not want your child to take part in any particular school trip or activity.

Please tick here: ☐ **Yes, I agree** ☐ **No, I do not agree**

Medical information

Please supply details of any medical condition that your child suffers from that the trip leader should be aware of and of any medication that your child should take during off-site visits.

Parent/carer's name (please use block capitals)**:** _____

Signature (please sign)**:** _____ **Date:** _____

Tyndale Primary School – Parents' acceptable use agreement

Tyndale Primary School regularly reviews and updates all Acceptable Use documents to ensure that they are consistent with the school Online Safety and Safeguarding Policies. We attempt to ensure that all children have good access to digital technologies to support their teaching and learning and we expect all our children to agree to be responsible users to help keep everyone safe and to be fair to others.

Internet and IT: As the parent or legal guardian of the pupil(s) named below, I give permission for the school to give my child access to:

- the internet at school
- the school's chosen email system
- the school's online managed learning environment
- IT facilities and equipment at the school.

I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school takes every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials.

Use of digital images, photography and video: I understand the school has a clear policy on "The use of digital images and video" and I support this.

I understand that the school may use photographs of my child or include them in video material to support learning activities if I have given permission.

Social networking and media sites:

I understand that the school has a clear policy on "The use of social networking and media sites" and I support this.

I will support the school by promoting safe and responsible use of the internet, online services and digital technology at home. I will inform the school if I have any concerns.

I understand that the school takes any inappropriate behaviour seriously and will respond to observed or reported inappropriate or unsafe behaviour.

I will not take and then share online, photographs, videos etc, about other children (or staff) at school events, without permission.

Internet and email use declaration

My child's name(s): _____

I accept all the statements above regarding the use of images/social networking etc:

Parent/carer's name: _____

Parent/carer's signature: _____

Tyndale Primary School – acceptable use agreement

I keep SAFE online because …

I CHECK it's OK to use a website/game/app. ☐
I ASK for help if I get lost online. ☐
I THINK before I click on things. ☐
I KNOW online people are really strangers. ☐
I am RESPONSIBLE so never share private information. ☐
I am KIND and polite online. ☐
I TELL a trusted adult if I am worried about anything. ☐

My trusted adults are:
Mum ☐
Dad ☐
Teacher ☐
Other _____

Tyndale Primary School, Tyndale Avenue, Yate, , Bristol, BS37 5EX.
If you have any queries, please telephone 01454 867180.