

PUPIL REGISTRATION

FORM

YOUR CHILD'S DETAILS

LEGAL SURNAME _____ ADDRESS _____

FULL FORENAME _____

PREFERRED FORENAME _____

DATE OF BIRTH _____ POSTCODE _____

Please note that the pupil's legal forename and surname **MUST** be the same as on their birth certificate or passport. Please provide both birth certificate and passport (where available).

PARENT/CARER CONTACT DETAILS

Contact me FIRST (1)

SURNAME _____ FORENAME _____ MR/MRS/MS/DR _____

RELATIONSHIP TO CHILD _____ PARENTAL RESPONSIBILITY YES/NO

HOME ADDRESS _____

_____ POSTCODE _____

HOME TELEPHONE NUMBER _____

MOBILE TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

Contact this person SECOND (2)

Surname _____ Mr/Mrs/Ms/Dr _____

Forename _____

Relation to child _____

Home address _____

_____ Postcode _____

Contact this person THIRD (3)

Surname _____ Mr/Mrs/Ms/Dr _____

Forename _____

Relation to child _____

Home address _____

_____ Postcode _____

OPTIONAL INFORMATION You do not have to provide this information, but it is useful to support

PREVIOUS SCHOOL/NURSERY _____

SIBLINGS If there are older brothers and sisters at Balliol Primary School, please give their names and year group _____

HOME LANGUAGE (this is the language you speak at home) _____

COUNTRY OF BIRTH _____ NATIONALITY _____

ETHNIC ORIGIN Please let us know your child's ethnic origin.

Any other Asian background		Italian	
Any other black background		Pakistani	
Any other ethnic group		Prefer not to say	
Any other mixed background		Traveller of Irish heritage	
Bangladeshi		White – British	
Black – African		White – Irish	

MEDICAL INFORMATION

Name of Doctor:	
Name of Practice:	
Do you give permission for the school to contact the doctor if necessary?	YES / NO
Does your child have any allergies?	YES / NO
If YES, please list:	
Does your child take prescribed medication?	YES / NO
If YES, please list:	
Does your child have asthma?	YES / NO
Does your child wear spectacles?	YES / NO
Does your child have an inhaler prescribed by the doctor?	YES / NO
Does your child have any other health problems diagnosed by the doctor?	YES / NO
Details of medical condition diagnosed by doctor:	
Details of procedures that need to be followed:	

OTHER INFORMATION

COURT ORDERS Are there any court orders applicable to your child? YES / NO

If YES, please give details _____

SERVICE CHILD Are parents in the armed forces? YES / NO

PHOTOGRAPHS

We take photographs of pupils.

A) Individual school photos as part of your child's school record every year. (You are also able to purchase these from our photographer).

B) Individual, class and group photos (these are used in school for displays and as a record of special activities and achievements in school, you may also purchase the annual class photo from our school photographer).

C) Photographs/videos of pupils individually or in groups which may be used to publicise the school. E.g. on our website, in newsletters and other school publications, on social media and newspapers.

LOCAL TRIPS/VISITS

We take children out of school from time to time on local walks and visits to local landmarks. Please give your permission for your child to go on local trips and visits in and around Kempston. I understand that this permission will last for the duration that my child is at Balliol Primary School, but I may withdraw my permission for local trips/visits at any time by contacting the school office.

BILLIE THE DOG

Billie is a black Labrador. She lives and is trained by a member of the schools teaching team. She has an excellent temperament and is very calm and gentle. Her purpose is to support and promote the wellbeing of the whole school, a part of our overarching ethos. Please find her full job description in our policies on our website.

FOOD TASTING

At Balliol Primary School, the children often take part in food preparation and tasting activities to support their learning. Please let us know if your child has any intolerance or is allergic to any foods.

I give permission for my child to take part in food preparation/tasting activities.

YES / NO

INTIMATE CARE

Sometimes, we will need to provide appropriate intimate care to support pupils at school, e.g changing soiled nappies or clothing, washing and toileting.

I give permission for Balliol Primary School to provide intimate care to my child. YES / NO (please

HOME SCHOOL AGREEMENT

THE SCHOOL will aim to:

- Provide a safe, happy, well-ordered and stimulating learning environment.
- Provide equal opportunities for all pupils to experience all aspects of school life regardless of gender, race, culture, ability or disability.
- Encourage pupils and expect them to do their best at all times and take care of their surroundings.
- Encourage pupils and expect them to take responsibility for their own behaviour and understand its impact on others.
- Provide a creative curriculum which meets the needs of each pupil; as well as satisfying legislative requirements.
- Provide homework and feedback on that homework to pupils.
- Arrange parent-teacher consultations during which progress and attainment will be discussed.
- Send home an annual written report.
- Keep parents informed of school activities through a weekly newsletter.
- Contact parents if there are any concerns over attendance or punctuality.
- Contact parents if there are any concern over, work, progress or behaviour and well-being.
- Be open and welcoming to parents offering opportunities to become involved in daily school life.

Signed (for the school) _____

I WILL aim to:

- Ensure that my child attends school regularly, arrive on time for 8:45am and collect them promptly at 3:30pm.
- Make sure my child is properly equipped and support my child in their homework and opportunities for home learning.

NURSERY PLACE

I understand that a place in Nursery does not guarantee a place in Reception Class and I must re-apply through Bedford Borough Council.

DECLARATION

I declare that the information on this form is accurate and I will endeavour to notify the school of any changes to the details at the earliest opportunity. I have read and understood the Privacy Notice which explains how the information I have provided is used and shared.

Signed _____ (Parent/Carer)