

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HATCH RIDE PRIMARY SCHOOL**  **NEW STUDENT – REGISTRATION FORM – 2023/24** | | | | | | | | | | |
| **STUDENT DETAILS** | | | | | | | | | | |
| Legal Forename | |  | | Preferred Forename | | |  | | | |
| Middle Name | |  | | Legal Surname | | |  | | | |
| Please note legal forename and surname will be used on all official documents | | | | | | | | | | |
| Address | |  | |  | | |  | | | |
|  | |  | |  | | |  | | | |
| Post Code | |  | | Home Telephone No. | | |  | | | |
| Date of Birth | |  | | Gender | | | MALE ❑ FEMALE ❑ | | | |
| Previous Pre-School setting/School | |  | | | | | | | | |
| **PARENTS CONTACT DETAILS:** Parents / Step Parents / Carers who live with the child at the same address  **Parent 1** | | | | | | | | | | |
| Title (Mr/Mrs) | |  | | Surname | | |  | | | |
| Forename | |  | | Relationship to student | | |  | | | |
| Mobile No. | |  | | Work No. | | |  | | | |
| E-mail Address | |  | | | | | | | | |
| **Parent 2** | | | | | | | | | | |
| Title (Mr/Mrs) | |  | | Surname | | |  | | | |
| Forename | |  | | Relationship to student | | | . | | | |
| Mobile No. | |  | | Work No. | | |  | | | |
| E-mail Address | |  | | | | | | | | |
| **PARENTAL RESPONSIBILITY:** It is a legal requirement that we keep details of all persons who have parental responsibility but do not live at the home address. As natural parents have voting rights in matters such as electing parent governors, the DFE instructs us to ask the following questions. | | | | | | | | | | |
| Name | |  | | | | | | | | |
| Address | | Post Code : | | | | | | | | |
| Home Telephone No. | |  | | | | Mobile No. |  | | | |
| Work Telephone No. | |  | | | | | | | | |
| E-mail Address | |  | | | | | | | | |
| Relationship to student | |  | | | | | | | | |
| Parental Responsibility? | | | | | | | | | Yes ❑ No ❑ | |
| Is there a Court Order preventing communication with this person? | | | | | | | | | Yes ❑ No ❑ | |
| Is this person entitled to receive correspondence and school reports? | | | | | | | | | Yes ❑ No ❑ | |
| **ARMED FORCES:** Is either parent currently serving or recently retired from the Armed Forces? Yes ❑ No ❑ | | | | | | | | | | |
| If yes - Personnel Category 1 or 2 | | |  | | Other | | |  | | |
| Regiment |  | | Currently serving at | |  | | | Date of retirement | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACTS:** Please give details of other family members/friends to be contacted in the event of an emergency. Please ensure that they have given their consent for the provision, and use, of this information. | | | | | | | | | | | |
| **Contact 1** - Name |  | | | | | | | | | | |
| Address | Post Code : | | | | | | | | | | |
| Relationship to student |  | | | | | | | | | | |
| Home Telephone No. |  | | | | Mobile No. | | |  | | | |
| **Contact 2** - Name |  | | | | | | | | | | |
| Address | Post Code : | | | | | | | | | | |
| Relationship to student |  | | | | | | | | | | |
| Home Telephone No. |  | | | Mobile No. | | | |  | | | |
| **DIETARY REQUIREMENTS:** Please list any dietary requirements, eg. Gluten Free/Dairy Free/Religious Grounds:  **…………………………………………………………………………………………………………………………………………………………….**  Occasionally the children may have the opportunity to taste different foods while at school. Permission can be withdrawn at any stage, please contact the office if that is the case.  I give permission for my child to sample different foods Yes ❑ No ❑ | | | | | | | | | | | |
| **MEDICAL INFORMATION:** | | | | | | | | | | | |
| Medical Practice |  | | | | | | | | | | |
| Doctor |  | | | | | | | | | | |
| Telephone No. |  | | | NHS No. | | | |  | | | |
| Medical Condition(s): Please give details of any medical conditions which the school should be made aware of: | | | | | | | | | | | |
| Does your child suffer from any chronic/severe allergy (eg. nuts, wasp stings etc.) whereby they may require a lifesaving injection whilst in school? Yes ❑ No ❑  Details:  *If your child has a medical condition you may be asked to provide further information by our School Nurse.* | | | | | | | | | | | |
| **TRAVEL ARRANGEMENTS:** Please state your child’s main mode of transport to school:  Walk ❑ Cycle ❑ Car Share ❑ Car/Van ❑ Public Bus ❑ School Bus ❑ Train ❑ Taxi ❑ Other ❑  *As part of our Healthy Schools status Hatch Ride Primary School promotes walking or cycling to school wherever possible.* | | | | | | | | | | | |
| **BROADMOOR EMERGENCY**: Please see our Broadmoor Escape Procedures Policy on the school website for information. | | | | | | | | | | | |
| **SCHOOL PHOTOGRAPHY PERMISSION** From time to time we would like to take photographs of our students to illustrate activities within the School and to publicise school trips and events. These photos may appear in the School Prospectus, News Letters, on the school website, in the local press and in other school documents. Permission can be withdrawn at any stage, please contact the office if that is the case.  I give permission for photographs of my child to be used by the school for any of the above Yes ❑ No ❑ | | | | | | | | | | | |
| **MARKETING COMMUNICATIONS**  From time to time we would like to email you about fundraising activities and other events organised by the school and associated organisations. We will only send you this information if you give us permission, and you can update your preference at any time by contacting the school.  I would like to receive marketing communications from Hatch Ride Primary School and the Corvus Learning Trust including details of school events and fundraising activities. Yes ❑ No ❑  ***This does not affect the normal communications you will receive regarding the education of your child*** | | | | | | | | | | | |
| **CONSENT FOR WALKS IN LOCAL AREA:** From time to time during the school year it is necessary for teachers to take the children for short walks in the local area. For example, a visit to a local church, a local school or to do a traffic survey to name but a few. Details will always be sent out prior to the event. Permission can be withdrawn at any stage, please contact the office if that is the case.  I give permission for my child to take part in walks in the local area Yes ❑ No ❑ | | | | | | | | | | | |
| **ETHNIC ORIGIN** | | | | | | | | | | | | |
| *The DFE has requested this information with the aim of making better decisions about educational provision, and it is important that you return this form to the school.* | | | | | | | | | | | | |
| **STUDENTS NAME** | | |  | | | | | | | | | |
| **ETHNIC ORIGIN** (please tick only one box) | | | | | | | | | | | | |
| Any other Asian Background  Any other Black Background  Any other Ethnic Group  Any other Mixed Background  Any other White Background  Bangladeshi  Black African  Black Caribbean  Chinese | | | | ❑  ❑  ❑  ❑  ❑  ❑  ❑  ❑  ❑ | | | Gypsy / Roma;  Indian  Pakistani  Traveller of Irish Heritage  White - British  White - Irish  White and Asian  White and Black African  White and Black Caribbean | | | | | ❑  ❑  ❑  ❑  ❑  ❑  ❑  ❑  ❑ |
| **GYPSY / ROMA STATUS** (Please tick only one box)  Gypsy / Roma (Housed) ❑ Occupational (Traveller) ❑  Gypsy / Roma (Travelling) ❑ Traveller (Other) ❑ | | | | | | | | | | | | |
| **ASYLUM STATUS** (Please tick only one box)  Asylum Seeker ❑  Refugee ❑ | | | | | | | | | | | | |
| **FIRST LANGUAGE** - please state the first language spoken by your child | | | | | | | |  | | | | |
| **HOME LANGUAGE** - please state which language is spoken by your child at home | | | | | | | |  | | | | |
| **RELIGION**: (please tick as appropriate)  Buddhist ❑ Christian ❑ Hindu ❑ Jewish ❑ Muslim ❑ Sikh ❑ No religion ❑  Other (please specify) | | | | | | | | | | | | |
| **I confirm that the information provided in this document is correct.** | | | | | | | | | | | |
| **Signed – Parent / Carer** |  | | | | | | | | **Date** |  | |