



# MURRAY PARK SCHOOL

Headteacher: Mrs N.Caley MEd, NPQH, NPQEL  
MURRAY ROAD, MICKLEOVER, DERBY, DE3 9LL  
TEL: (01332) 515921  
[www.murraypark.derby.sch.uk](http://www.murraypark.derby.sch.uk)

## STUDENT INFORMATION (to be completed by Parent/Carer in Black or Dark Blue ink) ALL SECTIONS TO BE COMPLETED

Student Surname \_\_\_\_\_ Student Forename \_\_\_\_\_

Middle Name \_\_\_\_\_ Chosen Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year Group \_\_\_\_\_ Registration Group \_\_\_\_\_ (if known)

Address at which Student lives \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**SIBLINGS** - If there are brothers or sisters in the school, please give the name and Registration Group of each child :

Name \_\_\_\_\_ Registration Group \_\_\_\_\_

Name \_\_\_\_\_ Registration Group \_\_\_\_\_

## CONTACT INFORMATION

**CONTACT 1 – (Parent/Carer) – Address should be the same as the Student.**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

Home tel no: \_\_\_\_\_ Mobile tel no: \_\_\_\_\_

Work tel no: \_\_\_\_\_ Email address\*: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Parental Responsibility Y/N \_\_\_\_\_

Preferred Parental Salutation \_\_\_\_\_ (e.g. Mr & Mrs Smith or Ms A Smith)

**\* PLEASE NOTE THIS EMAIL ADDRESS IS VERY IMPORTANT AS THIS ENABLES US TO CONTACT PARENTS USING SCHOOL'S ELECTRONIC COMMUNICATION SYSTEM.**

## OTHER CONTACT INFORMATION

Please give details of anyone else who could be contacted should an emergency arise. You should use the **contact priority** to indicate the preferred order in which contacts should be attempted in an emergency. Relationship should be shown as Parent, Aunt, etc. Please include at least one person outside the immediate family home, who lives near you and is available in the daytime as a contact.

If you require a second copy of a student report, for a parent who does not live at the home address, please indicate this next to their contact details.

### CONTACT 2

Title \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address & Postcode \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Home tel no: \_\_\_\_\_ Mobile tel no: \_\_\_\_\_

Work tel no: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parental Responsibility Y/N \_\_\_\_\_ Email address\*: \_\_\_\_\_

\_\_\_\_\_

### CONTACT 3

Title \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address & Postcode \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Home tel no: \_\_\_\_\_ Mobile tel no: \_\_\_\_\_

Work tel no: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parental Responsibility Y/N \_\_\_\_\_

*(if you wish to give any other contacts please attach a separate sheet)*

\_\_\_\_\_

We are required by the Children's Act 1989 to have a contact address for a separated parent. If a parent **does not live at the same address** as the student please complete details for the separated parent only if not already included above.

Title \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address & Postcode \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Home tel no: \_\_\_\_\_ Mobile tel no: \_\_\_\_\_

Work tel no: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parental Responsibility Y/N \_\_\_\_\_

Any other relevant information (eg: residency order/ court order/ no contact allowed with other parent or relative) \_\_\_\_\_

If you wish to speak to a member of staff in confidence regarding this information please ring Student Services  
Telephone : 01332 515921

## MEDICAL INFORMATION

Medical Practice \_\_\_\_\_ Doctor \_\_\_\_\_

Address of Practice \_\_\_\_\_ Telephone No : \_\_\_\_\_

Medical conditions of which the school should be aware, even if previously notified :

\_\_\_\_\_

**MEDICAL CONSENT** This includes information such as medical practice, medical conditions and any disabilities. Tick box to give my permission for:

	Yes	No
My child to be given first aid by a trained member of staff during any on-site or off-site activity		
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity		
My child's information to be shared with the NHS and other relevant health professionals		

## ETHNIC / CULTURAL INFORMATION

Please study the list below and tick one box only to indicate the ethnic background of your child.

<b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other White background	<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
<b>Mixed</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	<b>Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
<b>Chinese</b> <input type="checkbox"/>	<b>Any other ethnic background</b> <input type="checkbox"/>
<input type="checkbox"/> I do not wish my category to be recorded	

First Language \_\_\_\_\_ English is a second Language Yes / No

National Identity \_\_\_\_\_

Home Language \_\_\_\_\_ -

## ADDITIONAL INFORMATION

**MEAL** School Meal (paid)  Sandwiches  Home  Free School Meal\*  (additional form to be completed)

Special Dietary Requirements: Please outline any food allergies/specific dietary requirements

**Biometrics (fingerprint recognition) Technology for purchasing food and using photocopiers**

I give consent for my child to be registered for the Biometrics system for purchasing food Yes  No

I give consent for my child to be registered for the Biometrics system for using photocopiers Yes  No

## TRAVEL

Walk  Bicycle  Car  Bus  Taxi

## SERVICE CHILD

Please tick this box if either parent is in the HM Forces and specify which parent  \_\_\_\_\_

The school receives additional funding aimed to enable schools to provide the extra support needed to mitigate the effects of frequent changes of school and the effects of separation from a serving parent deployed on operations.

## EDUCATION HISTORY

Junior/Secondary School last attended

School \_\_\_\_\_ Junior/Secondary (please delete)

Date of admittance \_\_\_\_\_ Date of Leaving \_\_\_\_\_

## PHOTOGRAPH AND VIDEO CONSENT

During your child's time at Murray Park he/she will be involved in a wide variety of activities, extra curricular event and trips. To give parents and visitors an idea of the kind of events our students are involved in it is useful to take photographs and film during these activities. These may be displayed around school, on the website, in newsletters and shared on social media.

Outside agencies may be involved in some events and they may wish to use these photographs for their own publicity. On some occasions the press may be invited into school and they may also take photographs.

	Yes	No
I give consent for my child's photograph to appear in printed or online publications that we produce for promotional purposes such as a prospectus, school newsletter or on project display board		
I give consent to use my child's image on our website.		
I give consent to record my child's image on video or webcam and use on the website and/or social media.		
I give consent for my child to appear in the media? (for example in the local press, radio or TV)		
I give consent for my child to appear on Social Media sites used by the school e.g. Twitter.		
I give consent for my son or daughter to be included in any school or class Yearbook and other mementoes on leaving school.		
I give consent for my child's name to be released for publication such that they may be identified as an individual or as part of a small group/ For example raising money for charity that is recognised in the local media.		
I give consent for my son or daughter to be photographed for school group photos that may be bought by other families who have children in the photo.		
I give consent for a professional photographer to take photographs and release to the family for sale. The photographer would have possession of the photos on their equipment, not school equipment.		
I give consent for my child to participate in events and performances that may be recorded or photographed and shared with the school community.		

**Please note that when you provide consent, we will keep it on file over the course of your child's time at school.**

**I understand that I can withdraw my consent at any time.**

Signature of Parent/Carer \_\_\_\_\_

Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individuals to be identified.

From time to time the information will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics.

The information we collect on this form is in line with the UK GDPR and Data Protection Act. The Department for Education and Local Authorities require us to collect certain information and report back to them. This information will be disclosed to the Education Authority, Health & Welfare agencies and other organisations such as schools, colleges, work experience providers or where a law or emergency need arises. This information must be kept up to date by law. Please refer to school's Privacy Notice for more information.

Information provided by
<input type="checkbox"/> Parent/Carer
<input type="checkbox"/> Student

**Would you please notify the school in writing if there are any changes to the information given.**