



MURRAY PARK SCHOOL

Headteacher: Mrs N.Caley MEd, NPQH, NPQEL
MURRAY ROAD, MICKLEOVER, DERBY, DE3 9LL
TEL: (01332) 515921
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 _____ Email address*: _____

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

Please complete details for a separated parent only if NOT included in the contact details above.

We are required by the Children's Act 1989 to have a contact address for a separated parent if they do not live at the same address as the student.

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*: _____

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.

White <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	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
Mixed <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	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
Chinese <input type="checkbox"/>	Any other ethnic background <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

☐ Parent/Carer

☐ Student

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