



Harry Hotspur C of E Primary School

Part of the NCEA Trust

All information is strictly confidential. Please complete fully in ink and BLOCK CAPITALS.

CHILD'S DETAILS

Child's Surname: First name(s):

Name normally used..... Date of birth..... Sex :

Religion

ADDRESS DETAILS

Street:

Town: Email Address

County:..... Telephone No:

Postcode:.....

FATHER'S WORK DETAILS

MOTHERS WORK DETAIL

First Name: First Name:.....

Surname: Surname:

Workplace: Workplace:



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Address:	Address:
Town:	Town:
County:.....	County:
Postcode:	Postcode:
Telephone No:	Telephone No:.....
Email Address:	Email Address:
NI NO:.....	NI NO:.....
DOB:.....	DOB:.....
Mobile No:.....	Mobile No:.....

Does this parent have parental responsibility? YES/NO	Does this parent have parental responsibility? YES/NO
EMERGENCY CONTACTS/COLLECTED BY	
1 st Contact Name:.....	2 nd Contact Name:
Relationship to Child:	Relationship to Child:
Telephone No:	Telephone No:
Mobile No:	Mobile No:

If someone other than the people named in the form, are to collect your child you must inform us in advance.

WE WILL NOT COMPROMISE YOUR CHILD'S SAFETY BY RELEASING THEM INTO CUSTODY OF ANY UNAUTHORISED PERSON.



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DETAILS OF BROTHERS AND SISTERS

Name	Date of Birth	Home	School

Please give reasons for wanting your child to attend nursery

.....

Present arrangements for supervision of your child during the day

.....

Do you have a preference for an am/pm place? Please give reasons e.g. work commitments

.....

FORMER SCHOOL/ NURSERY/PLAYGROUP/ MOTHER TODDLER GROUP

Name of Establishment	Stage on Leaving	Address	Telephone No:

MEDICAL INFORMATION

Does your child have any allergies? Asthma <input type="checkbox"/> Nut <input type="checkbox"/> Other <input type="checkbox"/>	Any other health problems of which we should be aware?
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Doctors Name:	Address & Telephone No:
Dentists Name:	Health Visitors Details:

ETHNIC ORIGIN OF CHILDREN	Please ✓ one
White, British	White, Irish
White, other Background	Gypsy, Roma/ Traveller
Mixed White & Black Caribbean	Mixed, white & black African
Mixed, white and Asian	Mixed, other mixed background
Asian or Asian British, Indian	Asian or Asian British, Pakistani
Asian or Asian British, Bangladeshi	Asian or Asian British, other Asian
Black or Black British, African	Chinese
Any other ethnic Background	Do not wish to be recorded

Is English your second language? If so what is your first language?	Yes / No
Does your child have a disability, long standing illness or infirmity? If yes, please specify:	Yes / No
Does your child have a parent serving in the armed forces?	Yes / No

MEAL ARRANGEMENTS

Free School Meal Packed Lunch

ABSENCES - It is important that you let us know immediately if your child is to be absent for whatever reason.



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PARENTAL CONSENT

- I give permission** for a member of staff to administer medicine
{prescribed by a doctor} or to administer First Aid to my child when required Yes/No
- I give permission** for photographs of my child{ren}
to appear in school publications and newsletters etc Yes/No
- I give permission** for photos/Videos of my child{ren}
to appear on the school website, e newsletter and marketing material
{Children are never named on the website} Yes/ No
- I give permission** for my child to be photographed
or videoed by third parties e.g. other parents or the press Yes/No
- I give permission** for my child to receive emergency/surgical/dental
treatment as considered necessary by the medical authorities present.
Parents/guardians will be informed as appropriate. Yes/No
- I consent** for you to share information of my child between settings
to support smooth transition. Yes/No

SCHOOL EXCURSION APPROVAL

Throughout the school year pupils may be involved in learning experiences, which take them out of the school, but still within the Alwick Area. These excursions will be curricular activities or educational, where pupils will be under regular supervision of staff on foot (Nursery & Reception aged children 1-5 and above that age 1-6). Our regular helpers are CRB checked as volunteers.

To allow your child to participate you are asked to give your consent by signing below.



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Pupils may on occasion be driven in private cars by staff/parent/volunteers – who are insured for this purpose. This would be for out of school sporting events and details of each event and names of drivers/helpers will always be discussed with Parents/Carers prior to the events.

Any journeys within or outside of the Alnwick area by coach will also be sought separately.

I declare that to the best of my knowledge the information given in this registration application is true and correct. I consent to the use of the above information for the above stated purposes, including allowing the information to be shared with other sections of Education & Children’s Services and relevant agencies working with the school.

Signature:..... { Parent / Carer }

PRINT NAME

Date :