

KINGSLEY COMMUNITY PRIMARY & NURSERY SCHOOL PUPIL REGISTRATION FORM

Surname:	Date of Birth:
First Name(s):	
Address:	
Postcode:	Tel:
Ethnicity:	Religion:
Home language:	First language:

EMERGENCY CONTACT NUMBERS

Name of Parent/Main carer; Contact 1	Name of Parent or Contact Person 2
Do they have parental responsibility? Yes/No	Do they have parental responsibility? Yes/No
Relationship to Child	Relationship to Child
Address	Address
Postcode	Postcode
Telephone Number	Telephone Number
Name of Contact Person 3	Name of Contact Person 4
Relationship to Child	Relationship to Child
Address	Address
Postcode	Postcode

*Please give details of all those with parental responsibility and anyone else you wish to be contacted in an emergency.
We will need to verify parental responsibility via your child's birth certificate.
Please note that we need to have at least two contact numbers Please tell relatives or friends that you have used them as a contact number*

For Office Use: Has the birth certificate been seen? Yes/No

Lunchtime Arrangements (please tick)				
School dinner <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Free school meal <input type="checkbox"/>		
Travel Arrangements to school (please tick)				
Walk <input type="checkbox"/>	Car <input type="checkbox"/>	Taxi <input type="checkbox"/>	Cycle <input type="checkbox"/>	Other <input type="checkbox"/>

Previous School	
Name:	
Address:	
Phone No:	Local Authority:

Name of Doctor	
Address	
Telephone	
Medical Information	
Disability*	

* A disabled person is someone who has "a physical or mental impairment which has a substantial and long term adverse effect on a his or her ability to carry out normal day-to-day activities"

Do you consider your child to be disabled? Yes/No (Please delete as applicable)

Permission Form

During the year, we take the children on short visits usually lasting half a day, ie to sports events at local High Schools or visits to Ellesmere Port Civic Hall. We ask you to sign this responsibility form to enable your child to take part in these visits. You will be informed about any full day visits or shorter visits requiring use of transport separately.

I give permission for my child to take part in all visits of half a day. I understand that the teacher in charge of the party will be acting in loco-parentis and may give permission for my child to receive medical attention, which may include the use of anaesthetics.

I am happy for my child to be included in photographs taken in school and on educational visits. I understand that these photographs may be used on the school website, in school and local village newsletters and in the school year book. I understand that occasionally pictures may be sent to the local press to celebrate what the children have been doing.

I understand that my child may have access to the internet and use of e-mail during school hours, when appropriate to the educational activity being undertaken. The use of the internet will be software filtered and in the presence of a member of staff. My child will not be permitted to enter chatrooms and other 'conversational' sites. Any inappropriate use of the internet, or sending of unsuitable e-mail to or from school, will result in my child no longer being given access to the internet.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE SCHOOL IS INFORMED WHENEVER CONTACT NUMBERS AND EMAIL ADDRESSES ARE CHANGED

Signed: _____ Parent/Carer