



## REGISTER OF PARENTS

Details required for pupil registration and the Scholarpack Database. **It is essential that all parts of the following data collection sheet are completed in full.**

**ALL THE INFORMATION GIVEN IS CONFIDENTIAL AND PROTECTED BY THE GENERAL DATA PROTECTION REGULATION.**

FULL NAME OF PUPIL \_\_\_\_\_

NAME KNOWN BY (if different from above) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: MALE / FEMALE (please circle)

PUPIL'S ADDRESS \_\_\_\_\_

DOES THE PUPIL LIVE WITH:

Please circle as appropriate, providing further details below if 'Other':

Both Parents

Mother

Father

In Care

Other

\_\_\_\_\_  
\_\_\_\_\_

THE SCHOOL IS ENTITLED TO ADDITIONAL FUNDING TO SUPPORT THE CHILDREN OF SERVICE PERSONNEL. PLEASE INDICATE IF EITHER PARENT IS A SERVING MEMBER OF THE ARMED FORCES YES / NO

IF YOUR CHILD IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME AND ADDRESS OF SCHOOL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

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FOR OFFICE USE ONLY

Birth Certificate checked

## ETHNIC ORIGIN

FIRST LANGUAGE (at birth - this might not be a language used now as it may have been lost through travelling and/or a change in family situation)

\_\_\_\_\_

CURRENT HOME LANGUAGE(S) \_\_\_\_\_

OTHER LANGUAGES SPOKEN BY FAMILY AND BY WHOM \_\_\_\_\_

\_\_\_\_\_

PUPIL'S RELIGION \_\_\_\_\_

**Ethnicity:** Please tick **one** category below. The categories are based on the population census.

<b>Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:</b>	
Bangladeshi	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Any other Asian background (specify if you wish):	<input type="checkbox"/>
<b>Black, Black British, Black English, Black Scottish or Black Welsh:</b>	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black background (specify if you wish):	<input type="checkbox"/>

<b>Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:</b>	
Chinese	<input type="checkbox"/>
Any other ethnic background (specify if you wish):	<input type="checkbox"/>
<b>Mixed:</b>	
White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Chinese	<input type="checkbox"/>
Any other Mixed background (specify if you wish):	<input type="checkbox"/>

<b>White:</b>			
British	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
English	<input type="checkbox"/>	White European	<input type="checkbox"/>
Irish	<input type="checkbox"/>		<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Any other White background (specify if you wish):	<input type="checkbox"/>

**MEDICAL DETAILS**

DOCTOR'S NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITION e.g. ASTHMA, DIABETES, ANY ALLERGIES

HAS YOUR CHILD HAD ANY SERIOUS ILLNESS e.g. MEASLES

DOES YOUR CHILD HAVE ANY PROBLEMS WITH	HEARING	YES/NO
	SIGHT	YES/NO
	SPEECH	YES/NO
	CO-ORDINATION	YES/NO

IF 'YES' PLEASE GIVE DETAILS \_\_\_\_\_

ARE THERE ANY OTHER CIRCUMSTANCES WE SHOULD KNOW THAT WILL HELP US TO HELP YOUR CHILD

**DISABILITIES**

PLEASE INDICATE IF YOU, YOUR CHILD OR ANY FAMILY MEMBER WHO MAY REGULARLY COME INTO THE SCHOOL HAS ANY LONG STANDING ILLNESSES, HEALTH PROBLEMS OR DISABILITIES WHICH MEANS THEY REQUIRE SPECIAL ACCESS/ATTENTION/ASSISTANCE (SUCH AS MOBILITY, FITS OR SEIZURES, HEARING, SIGHT ETC.)

**ALLERGY/DIETARY REQUIREMENTS**

Please inform us if your child has any allergies or dietary requirements:

**EMERGENCY CONTACT DETAILS**

**WHEN COMPLETING DETAILS OF PARENTS/CARERS AND OTHER CONTACTS BELOW, PLEASE INDICATE THE PRIORITY IN WHICH THE SCHOOL SHOULD MAKE CONTACT IN CASE OF EMERGENCY ie 1, 2, 3, 4**

<b>PRIORITY:</b> _____		
<b>MOTHER'S FIRST NAME:</b> _____ <b>LAST NAME:</b> _____ <b>MRS/MISS/MS/OTHER</b> _____		
HOME PHONE: _____	MOBILE PHONE: _____	WORK PHONE: _____
OCCUPATION: _____		
ADDRESS: _____		
_____ POSTCODE: _____		
DOES THIS PERSON HAVE LEGAL RESPONSIBILITY FOR THE ABOVE NAMED PUPIL? <b>YES/NO</b>		

<b>PRIORITY:</b> _____		
<b>FATHER'S FIRST NAME:</b> _____ <b>LAST NAME:</b> _____ <b>MR/OTHER</b> _____		
HOME PHONE: _____	MOBILE PHONE: _____	WORK PHONE: _____
OCCUPATION: _____		
ADDRESS: _____		
_____ POSTCODE: _____		
DOES THIS PERSON HAVE LEGAL RESPONSIBILITY FOR THE ABOVE NAMED PUPIL? <b>YES/NO</b>		

**PRIORITY:** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MR/MRS/MISS/MS/OTHER \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

**PRIORITY:** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MR/MRS/MISS/MS/OTHER \_\_\_\_\_

RELATIONSHIP TO PUPIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

## SCHOOL COMMUNICATION

It is essential that we effectively communicate with parents/carers to keep them up to date with information and events happening at school. It is our preference to email parents/carers via PMX (our communication system) to help reduce the amount of paper being sent home in book bags and to make communication more efficient.

Please provide any contact names and email addresses that you would like us to use on PMX :

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email address: \_\_\_\_\_

For certain events run by FOWVIS (PTA), we may need to provide your child's name and dietary requirements. Are you happy for this information to be shared? **YES / NO**

## PARENTAL CONSENTS

### USE OF INTERNET/E-MAIL AT SCHOOL

As part of the school's computing programme we aim to offer the children supervised access to the internet. Access to the internet enables the children to explore thousands of libraries and databases to support their learning.

I give permission for my child to use the internet and e-mail with guidance from the teachers and learning assistants.

Name of parent/carer: \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

### WINDLESHAM VILLAGE VISITS

I give permission for my child to participate in school visits on foot within the Windlesham Village area whilst he/she remains a pupil at Windlesham Infant School (i.e. walk to local church, post box, vet, dentist).

Name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_