



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.

PUPIL DETAILS

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 _____

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.

Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:		Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:	
Bangladeshi		Chinese	
Indian		Any other ethnic background (specify if you wish):	
Pakistani		Mixed:	
Any other Asian background (specify if you wish):		White and Asian	
Black, Black British, Black English, Black Scottish or Black Welsh:		White and Black African	
African		White and Black Caribbean	
Caribbean		White and Chinese	
Any other Black background (specify if you wish):		Any other Mixed background (specify if you wish):	

White:			
British		Welsh	
English		White European	
Irish			
Scottish		Any other White background (specify if you wish):	

MEDICAL DETAILS

NAME OF SURGERY _____

TELEPHONE NUMBER _____

ADDRESS _____

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

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 (a separate form will be supplied for completion):

A separate Health Care Plan / Medication Form may be required as a result of the information provided above.

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 i.e. 1, 2, 3, 4

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

PRIORITY: _____		
FATHERS'S FIRST NAME: _____ LAST NAME: _____ MR/OTHER _____		
HOME PHONE: _____	MOBILE PHONE: _____	WORK PHONE: _____
OCCUPATION: _____		
ADDRESS: _____		
_____ POSTCODE: _____		
DOES THIS PERSON HAVE LEGAL RESPONSIBILITY FOR THE ABOVE NAMED PUPIL? YES/NO		
DOES THIS PERSON HAVE PERMISSION TO COLLECT THE ABOVE NAMED PUPIL FROM SCHOOL? YES/NO		

PRIORITY: _____

FIRST NAME: _____ LAST NAME: _____ MR/MRS/MISS/MS/OTHER _____

RELATIONSHIP TO PUPIL: _____

HOME PHONE: _____ MOBILE PHONE: _____ WORK PHONE: _____

ADDRESS: _____

_____ POSTCODE: _____

DOES THIS PERSON HAVE PERMISSION TO COLLECT THE ABOVE NAMED PUPIL FROM SCHOOL? **YES/NO**

PRIORITY: _____

FIRST NAME: _____ LAST NAME: _____ MR/MRS/MISS/MS/OTHER _____

RELATIONSHIP TO PUPIL: _____

HOME PHONE: _____ MOBILE PHONE: _____ WORK PHONE: _____

ADDRESS: _____

_____ POSTCODE: _____

DOES THIS PERSON HAVE PERMISSION TO COLLECT THE ABOVE NAMED PUPIL FROM SCHOOL? **YES/NO**

OTHER PERMISSION TO COLLECT

Please list any other individuals (not already named as emergency contacts above) who have permission to collect the above named child from school:

NAME: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

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. We do this via IRIS ParentMail (PMX) as this makes communication more efficient.

Please provide the contact name(s) and email address(es) 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: _____

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.

YES/NO please delete as applicable.

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).

YES/NO please delete as applicable.

PHOTOGRAPHS AND DIGITAL VIDEO

We will sometimes take photographs or digital video of pupils to support and record a child's learning; these photos/videos are stored internally in line with data protection legislation.

We will also take photos/videos from time to time with the intent of using these in the school's prospectus, on the school & trust websites, on school social media platforms or on displays around school. Videos may also be taken of school productions or events. Only first names of children are used against any photos or images.

Please tick the relevant boxes below to give your consent, or otherwise, to use photos and digital video as described in the paragraph above:

- | | |
|---|--------------------------|
| I am happy for photos of my child to be used on the school and trust website. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in the school newsletter. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in the school prospectus. | <input type="checkbox"/> |
| I am happy for photos of my child to be used on the school's social media | <input type="checkbox"/> |
| I am happy for photos of my child to be used in school displays. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in any leaver books. | <input type="checkbox"/> |
| I am happy for digital video of my child to be used on the school's social media. | <input type="checkbox"/> |

Permission for photo/video use that falls outside of the consents above will be sought on a case-by-case basis as required.

PARENTAL CONSENTS (Continued)

FOWVIS PTA (Friends of Windlesham Village Infant School)

I give permission to share my contact details with FOWVIS **YES/NO** *please delete as applicable.*

For certain events run by FOWVIS, we may need to provide FOWVIS with your child’s name and dietary requirements.

I give permission to share this information with them. **YES/NO** *please delete as applicable.*

Name of parent/carer giving consent: _____

Signature of parent/carer: _____ Date: _____

PUPIL PREMIUM ELIGIBILITY

Pupil Premium funding from the government is given to schools to help pupils reach their full potential, regardless of their background, or financial situation. It is provided for pupils who:

- Are entitled to 'Free School Meals' (this is different to the universal free school meals offered to infant school aged children)
- Have been registered for 'Free School Meals' at any point in the past 6 years
- Are, or have been, in care
- Have parents in the armed forces

The school uses this extra money to improve the educational provision and resources at the school.

We encourage **all families** to check if they are entitled to 'Free School Meals' and/or 'Pupil Premium' funding. **If you would like us to carry out this check on your behalf, please complete the section below.** Your personal information will be held securely, and the check will be done via a secure government website.

Parent 1

Parent 2

Surname: _____

Surname: _____

National Insurance number: _____

National Insurance number: _____

Date of birth: _____

Date of birth: _____