



Wheatcroft School PUPIL REGISTRATION

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:		Date of Admission	
Birth Certificate:	Issue No:	Admission No	Copy taken
Address:			
Post Code:			
Mobile Phone*:			
Email*:			

* these will be used for access to school systems (payment, school meals etc) and communications (text, emails) from school

Please give details of **all persons who have parental responsibility** and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship to child	Home Address/Phone/Mobile/Email	Work Address & Phone
1			
2			
3			

Travel Arrangements: (Please tick the appropriate choice)

Bicycle		Train		Walks		Car		Taxi		School Bus		Public Transport	
Route													

Meal Arrangement: (Please tick the appropriate choice)

Free school Meal (Infant)		Free School Meal (Junior)		Paid School Meal		Home Packed Lunch	
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Dietary Needs:	Dietary Health Plan Required	Y / N
If a special meal is required to take account of dietary needs this will be subject to an individual discussion with Herts Catering who will require supporting medical information to draw up the appropriate Dietary Health Plan		

Data Protection:

In accordance with General Data Protection Regulations and the current Data Protection Act, the school has a duty to protect this information and to keep it up to date. The school is required to share some of this data with the Local Authority and with the DfE. For further information please refer to the Privacy Notice on the school's website.

Medical Information:

Doctor:	
Address:	
Telephone:	

Medical Conditions:

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Medical Summary:

<p>Allergies/specific dietary requirements:</p> <p>Medicine: Regularly Occasionally (Please note: you will also be required to complete a separate form for any medication to be administered in school)</p> <p>Problems: e.g. sight/hearing/speech</p> <p>Operations:</p>
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Nationality:	
Country of Birth:	
Religion:	

Service Child in Education (please delete as appropriate)	Y / N
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Previous Schools/Playgroups:

Name:	
Address:	
Telephone:	

Consent: (please tick as appropriate)

<input checked="" type="checkbox"/>	I am confirming my agreement for my child to be taken on short outings with staff
<input type="checkbox"/>	I give permission for photographs or images including video and/or sound to be used of my child in connection with normal day to day activities of the school and understand that copyright and publishing rights, including internet publishing, remain with the school in line with the privacy notice
<input checked="" type="checkbox"/>	I give permission for images of my child to be used for educational resources, advertising or for school displays after my child has left Wheatcroft
<input checked="" type="checkbox"/>	I have reviewed the Acceptable Use Policy (AUP) for IT & Internet use with my child(ren) a copy of which is displayed on the School website/Learning and agree to support it.
<input checked="" type="checkbox"/>	I am happy to receive communications from the Wheatcroft PTFA.

Parent/Carers Signature:	Date:
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