



PUPIL ENROLMENT FORM

If You have any questions concerning the completion of this form, please contact the Headteacher or the Office Manager

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution. The provision of accurate information helps this school to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. If there is any information missing from this form, we will need to contact you so please complete everything that is requested.

SECTION 1: PUPIL DETAILS

Legal Surname: _____ Forename: _____

Preferred Surname: _____

Gender: Male / Female Date of Birth __ / __ / ____

Middle Name: _____ Chosen Name: _____

Please write down the first language your child uses. If your child uses more than one language, a language other than English should be recorded.

Pupil 1st language : _____

Second language: (if applicable) _____

Pupil Ethnicity: Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the Effectiveness of the school's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the Republic of Ireland.

- | | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| White British | <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Asian or Asian British - any other Asian background* | <input type="checkbox"/> |
| White Traveller of Irish heritage | <input type="checkbox"/> | Asian or Asian-British- Pakistani | <input type="checkbox"/> |
| Any other white background* | <input type="checkbox"/> | Black or Black-British - African | <input type="checkbox"/> |
| White Gypsy/ Roma | <input type="checkbox"/> | Black or Black-British - Caribbean | <input type="checkbox"/> |
| Mixed – any other mixed background* | <input type="checkbox"/> | Black or Black-British - any other black background* | <input type="checkbox"/> |
| Mixed - White and Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed - White and Black African | <input type="checkbox"/> | Any other ethnic group* | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |
| Asian or Asian British -Bangladeshi | <input type="checkbox"/> | *(please specify) _____ | <input type="checkbox"/> |

Please tick your child's religion, if you wish. Please tick one box only.

- | | | | |
|-----------|--------------------------|-------------|--------------------------|
| Christian | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | No religion | <input type="checkbox"/> |

The following must be completed for government census purposes

Nationality: _____ Country of birth: _____

Pupil Address Details:

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

If you share parental responsibility, please add their additional address

Additional Pupil Address

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

If your child has siblings already at our school please provide their name(s):

SECTION 2: PARENT CONTACT DETAILS

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.

Parent Contact 1 Surname: _____ Forename: _____

Gender: Male / Female Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes No

1. Daytime Telephone Number: _____ is this a home work mobile number

2. Alternative telephone number: _____ is this a home work mobile number

If you have added a work contact number please add any details that will help us contact you e.g. the name of your workplace, extension number: _____

E-mail address: _____ home / work (*delete one*)

Parent Contact 1 First Language: _____ Is a Translator Required? Yes No

Parent Contact 2 Surname: _____ Forename: _____

Gender: Male / Female Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Address if different from Parent Contact 1

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes No

1. Daytime Telephone Number: _____ is this a home work mobile number

2. Alternative telephone number: _____ is this a home work mobile number

If you have added a work contact number please add any details that will help us contact you e.g. the name of your workplace, extension number: _____

E-mail address: _____ home / work (*delete one*)

Parent 2 First Language: _____ Is a Translator Required? Yes No

If you need to add a third contact please let us know.

Please tell us the reason you have chosen Fitzharrys School.

SECTION 3: ADDITIONAL INFORMATION

Free school meal - If your child is eligible for free school meals, or has been in the last six years, the school receives vital additional funding to support our students. We use this money to raise standards, deliver extra intervention lessons, improve attendance and fund school trips.

We fully understand that in some instances your child may not necessarily take free school meals even where they are entitled but as the funding is based on entitlement (not take-up) it would be very much appreciated if you could find the time to complete the following details.

Money is also available to support adopted students or students who are under a special Guardianship or residency order, as well as those whose parents are in the armed forces (or have been at any time since September 2012).

Free school meal Information required

I believe that my child is entitled to free school meals and I authorise the school to check that Entitlement with the local authority:

Pupil name _____

Parent/carer last name _____

National Insurance number _____

Parent/carer date of birth _____

Please note you are likely to be asked for further evidence for free school meal eligibility.

Eligibility for free school meals

Free School meals may be available to any student, if you or your partner gets either:

Income-based Jobseekers Allowance	Income Support
Universal Credit with an annual net earned income of not more than £7.400 before benefits are taken into account	Income-related Employment and Support Allowance
Support under Part 6 of the Immigration and Asylum Act 1999	The guarantee of Pension Credit
Working Tax Credit run-on- (paid for the four weeks after you stop qualifying for Working Tax Credit)	Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190

If you have identified eligibility for free school meals, please indicate which meal option your child will usually be taking at school:

Free school meal Paid school meal Packed lunch

Travel to school

How will your child travel to school generally? Please tick **one** box only

Walks Car School coach Taxi Bicycle Public Bus

Special guardianship/residency order

Is this child currently in care? Yes No This child has previously been in care Yes No

If yes please give details: _____

Start of placement: __/__/____ End date (if applicable): __/__/____

Care Authority: _____

Service Pupil Premium Eligibility - As part of the annual DfE Census we are required to provide evidence in the form of a declaration that our pupils of service families are currently eligible. This is for the school to receive additional funding in the form of Service Pupil Premium. Eligible schools receive SPP mainly so that they can offer pastoral support during challenging times and to help mitigate the negative impact of family mobility, separation or parental deployment on service children.

If either parent/carer is in the armed forces, or has been over the last 6 years, please complete the below declaration:

Name of student(s) _____

I confirm that the above named student(s) meet at least one of the following eligibility criteria below:

- One of their parents is serving in the regular armed forces (including pupils with a parent who is on full commitment as part of the full-time reserve service) Yes No
- One of their parents died while serving in the armed forces and the pupil services a pension under the Armed Forces Compensation Scheme or the War Pensions Scheme Yes No
- One of their parents is in, or has been, in the armed forces of another nation and is stationed in England Yes No

Armed Force Serving Parents: Army / RAF / Navy (delete as appropriate)

Rank of Serving Parent: _____ Where are you stationed: _____

If you have left the Service, what date did you leave: _____

Photograph/social media consent - We request the consent of parents/carers to take and use photographs and videos of your child for a variety of different purposes. Without your consent, we will not take and use photographs and videos of your child.

Why do you we take and use photographs and videos of your child? - We use photographs and videos of pupils as part of school displays to celebrate school life and pupils' achievements; to promote on social media, websites; and for other publicity purposes in printed publications, such as newspapers and journals.

Where we use images of individual pupils, the full name of the pupil will not be displayed and not used in such a way that the pupil can be identified, unless permission is sought and given. However, a first name may be used if appropriate to do so.

Pupil name _____

I give my consent for my child to be included in any of the following activities (please tick)

Taking and using photographs and videos of my child on the school websites. Yes No

Taking and using photographs and videos of my child on the ALT Trust website. Yes No

Taking and using photographs and videos on internal displays such as posters, screens, noticeboards or otherwise, that can only be seen by members of the public, staff and pupils. Yes No

Taking and using photographs and videos of my child for promotional materials, such as prospectus, brochures, fliers or other materials. Yes No

SECTION 4: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

Practice name: _____ Telephone number: _____

Address of practice: _____

Does your child suffer from:

- Asthma
- Epilepsy
- Diabetes
- Bowel or bladder conditions
- Serious allergies
- Any other medical conditions

Does your child have any problems with:

- Mobility
- Behaviour
- Hearing
- Speech
- Vision
- Wears glasses

If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes No

Will your child need medication during school hours? Yes No

If you have answered 'Yes' please contact the school to make an appointment to discuss your child's needs with school staff.

Does your child suffer from any condition which may affect their participation in PE? Yes No

If you have answered 'YES' to any of the above please give details:

Would you like an opportunity to discuss your child's health with the school? Yes No

SECTION 5: SCHOOL HISTORY

Please give details of all previous settings attended by your child- if any

School 1: Name of school or pre-school: _____

Address of school or pre-school: _____ Post Code: _____

Date of arrival at this school: __ / __ / ____ Date of leaving this school __ / __ / ____

Reason for leaving this school: _____

School 2: Name of school or pre-school: _____

Address of school or pre-school: _____ Post Code: _____

Date of arrival at this school: __ / __ / ____ Date of leaving this school __ / __ / ____

Reason for leaving this school: _____

If you need to advise us of another school please let us know.

SECTION 6: PARENT SIGNATURE

Signature _____ Date _____

Name (in block capitals please) _____

Relationship to child _____

Any further comments you would like to add:

For school use only

UPN: _____

Admission date: __/__/____

All details received and MIS updated

Yes

No

Information missing, details requested by parent

Yes

No

Parent been contacted regarding medical details, if applicable

Yes

No

Free school meal application checked

Yes

No

Photography/social media consent recorded

Yes

No

Guardianship/residency order proof, if applicable

Yes

No

Signed (member of staff)
