

Offa's Mead Academy Registration Form

(Updated November 2012)

Child's Surname:		Class Teacher:	
Child's Forename:		Date of Birth:	
Preferred Name:		Sex:	
Birth Certificate Seen: (date & staff initials)			
Present Address: <i>(Including Postcode)</i>			
Present Tel No:			
New Address: <i>(Including Postcode)</i>			
Tel No: <i>(If different to above)</i>			
Details Of Previous School:	School Name: _____ Address: _____ _____ County: _____ Tel. No: _____ Date of Admission: _____ Date of Leaving: _____		
No of Children in family:		First Language of Child:	
Position in Family:		First Language of Parents:	
Right or Left Handed:		Language(s) Spoken at home:	
1st Parent / Legal Guardian:		1 st Contact No:	
		2 nd Contact No:	
		Email address:	

2 nd Parent / Legal Guardian:		1 st Contact No:	
		2 nd Contact No:	
		Email address:	
1 st Additional Contact: (In case of Emergency)		1 st Contact No:	
Relationship to child:		2 nd Contact No:	
		Email address:	
2 nd Additional Contact: (In case of Emergency)		1st Contact No:	
Relationship to child:		2 nd Contact No:	
		Email address:	
Additional Information regarding collection arrangements of your child at the end of the school day, that you would like us to know:			
Your Child's Medical Information: *Delete as appropriate			
Physical Factors which may affect schooling: e.g. hospital treatment, hearing or vision impairment			
Is your child asthmatic?	Yes / No	If yes, please provide details of medication taken:	
Does your child have <u>any</u> allergies? e.g is your child allergic to nuts	Yes / No	If yes, please provide details:	
Does your child have any specific dietary requirements?	Yes / No	If yes, please provide details:	
Does your child have any other medical conditions:	Yes / No	If yes, please provide details:	

If yes Does your child require medication?	Yes / No	If yes, please provide details:	
Name of your child's Doctor and Surgery			Doctor's Surgery Contact Tel. No:
Permission For Emergency Treatment: *Delete as appropriate Signature of Parent / Legal Guardian:	<ul style="list-style-type: none"> I give / do not give* permission for my child to receive First Aid in the event of an accident, by an appropriately trained member of staff. I give / do not give* permission for the school to contact the appropriate medical team/hospital in the case of a medical emergency for my child. _____ Date: _____		
Travel Arrangements: *Please tick the relevant box			
How will your child be getting to school?	<input type="checkbox"/> Bicycle <input type="checkbox"/> Car/Van <input type="checkbox"/> Walk <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Car Share <input type="checkbox"/> Public Bus Service <input type="checkbox"/> Other		
Free School Meals Information: *Delete as appropriate			
Will your child be having Free School Meals?	Yes / No NB: If you are claiming Income Support, Income Based Job Seekers Allowance, Asylum Seeker Support, Child Tax Credit (not Working Tax Credit) or Guaranteed Pension Credit, your child is eligible for Free School Meals.		
Are you presently claiming Income Support or Job Seekers Allowance?	Yes / No		
Ethnic Information: *Please circle the relevant Information below			
Ethnicity: Origin: Religion:	*White English/Scottish/Irish or Welsh. Other White British, Traveller or Irish Heritage. *White Eastern European, White Western European, Gypsy/Roma, White & Black Caribbean, White & Black African, White & Asian, Black Asian, Black Caribbean, Bangladeshi, Indian, Pakistani, Any other Asian Background, Any other Black Background, Chinese, White & Chinese, Other Mixed Background or I do not wish to answer this question. *Buddhist, Christian, Church of England, Hindu, Jewish, Jehovah's Witness, Muslim, Roman Catholic, Sikh, No Religion. Any other Religion: _____		

Additional Information: *Delete as appropriate	
Is your child part of a Military Family?	Yes / No
Data Collection: *Delete as appropriate	<ul style="list-style-type: none"> I give / do not give* permission for my child's image to be used within school publications, eg: school prospectus, newsletters and display work. I give / do not give* permission for my child's image to be used on the school website and in press releases, about the school.
Permission for contact by email:	<ul style="list-style-type: none"> I do / do not wish to receive text messages using the 'school to home contact service' for alerts on school notices and information. I do / do not wish to receive the school newsletter by email instead of a paper version,
Educational visits:	<ul style="list-style-type: none"> I do / do not give* permission for my child to visit Wydean Academy and areas in the local community, as part of Curriculum planned events within the school day.
Any other information you think we may find useful regarding your child:	
For Office Use Only:	
Date of Admission: Admission No: Class: Records Requested: (date) Pupil visited OMA with Parent/Guardian: (date) SIMS updated & File created: (date)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Prospectus/Pack Issued: _____</div> <div>Staff Initials: _____</div> </div>
Data Protection Act: This Information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals such as teachers, health and social workers etc., to inform their work. The information collected may also be used for the wider purpose of providing statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources. For further information please contact Learning Support Service on 01594 823 102.	