



*For Official Use:*

Reg Group:

Entered into SIMS:

Admission Date:

**PUPIL REGISTRATION FORM [CONFIDENTIAL]**

**Name of School:           BLATCHINGTON MILL SCHOOL**

All schools are required by law to keep on record details of children admitted; we should, therefore, be grateful if you would complete this **IN FULL** in **BLOCK CAPITALS** and return it to **THE ADMIN HUB, BLATCHINGTON MILL SCHOOL, NEVILL AVENUE, HOVE, EAST SUSSEX, BN3 7BW** when accepting your child's place.

**PUPIL DETAILS**

Legal Surname:

Legal Forename:

Middle name(s):

Preferred Surname:

Preferred Forename:

Gender: Male / Female *(delete as applicable)*

Date of birth:

**ADDRESS DETAILS**

Home	Second Home / Other
* Flat/Apartment No. _____	Flat/Apartment No. _____
* House No./Name: _____	House No./Name: _____
* Street: _____	Street: _____
* Town/City: _____	Town/City: _____
* County: _____	County: _____
* Postcode: _____	Postcode: _____
*required fields	Type: <i>Term Time / Overseas / Other</i>

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason: _____	Dates Applicable: _____
Name: _____	
Address: _____	

## CONTACTS

<b>WITH WHOM DOES THE CHILD LIVE? (i.e. mother/father/carer etc.)</b>			
<b>Parent/Carer:</b> Mr/Mrs/Ms/Miss/Other		<b>Parent/Carer:</b> Mr/Mrs/Ms/Miss/Other	
<b>Forename:</b>		<b>Forename:</b>	
<b>Surname:</b>		<b>Surname:</b>	
<b>Address (if different from student home address):</b>		<b>Address (if different from student home address):</b>	
Post Code:		Post Code:	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Home:
	Mobile:		Mobile:
Priority to contact in an emergency: 1 <sup>st</sup> Joint 1 <sup>st</sup> 2 <sup>nd</sup> <i>(Priority 1/Joint 1 only will be used for automatic notification of unexplained absence.)</i> <b>Please see Note 1 on page 9.</b>		Priority to contact in an emergency: 1 <sup>st</sup> Joint 1 <sup>st</sup> 2 <sup>nd</sup> <i>(Priority 1/Joint 1 only will be used for automatic notification of unexplained absence.)</i> <b>Please see Note 1 on page 9.</b>	
<b>e-mail:</b> <i>(for receiving school newsletters, letters etc.). We will only accept replies from this/these addresses.</i> <b>Please see Note 1 on page 9.</b>		<b>e-mail:</b> <i>(for receiving school newsletters, letters etc.). We will only accept replies from this/these addresses.</i> <b>Please see Note 1 on page 9.</b>	
<b>Work Tel No:</b>  <i>(for emergency use. Please state days / hours worked)</i>		<b>Work Tel No:</b>  <i>(for emergency use. Please state days/ hours worked)</i>	
<b>Job Title:</b> <b>Occupation:</b>		<b>Job Title:</b> <b>Occupation:</b>	
We ask for parent/carer occupations to help us establish how easy/appropriate it may be to contact you. On occasions we may approach parents/carers to share their expertise and experience; this is on an entirely voluntary basis.			
Parental Responsibility: Yes/No <b>Please see Notes 1, 2 &amp; 3 on page 9.</b>		Parental Responsibility: Yes/No <b>Please see Notes 1, 2 &amp; 3 on page 9.</b>	
Relationship to child:		Relationship to child:	
<b>OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY EDUCATION ACT 1996</b>			
Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will make available school reports etc. to the separated parent. <b>Please see Notes 2 &amp; 3 on pages 9.</b> Please provide contact information below.			
<b>Name (and relationship to child):</b>			
<b>Home Address:</b>		<b>Work Address:</b>	
<b>Post Code:</b>		<b>Post Code:</b>	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Work:
	Mobile:		
	Email:		

**ADDITIONAL CONTACTS**

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion if the 1<sup>st</sup> or 2<sup>nd</sup> Priority Contacts are not available. Details should be listed in the order of contact preference. Please list individually, not Mr & Mrs.

Priority	Name & relationship to the child	Parental responsibility	Daytime address and telephone number <i>(if same as home address please write home)</i>
3		Yes/No <i>(delete as required)</i>	Address: Tel No:
4		Yes/No <i>(delete as required)</i>	Address: Tel No:
5		Yes/No <i>(delete as required)</i>	Address: Tel No:

**IN CARE INFORMATION**

**IN CARE/EVER IN CARE/ADOPTED FROM CARE/SPECIAL GUARDIANSHIP ORDER/RESIDENCY ORDER/FOSTER**

Has the child been adopted from care? **Yes/No**  
 Has the child been placed on a Special Guardianship Order? **Yes/No**  
 Has the child been placed on a Special Residency Order? **Yes/No**

**If you have answered 'Yes to any of the above';** please provide Authority Name, Adoption, Special Guardianship or Residency Order Number and Date. Please provide a copy of the order.

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Is the child currently in care? **Yes/No Start Date:**  
 Has the child ever been in care? **Yes/No Start Date: End Date:**  
 Is the child resident with foster parents? **Yes/No Start Date:**

**If you have answered 'Yes' to any of the above;** which Authority is financially responsible for maintenance?

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**YOUNG CARERS**

Is your child a Young Carer? **YES/NO**  
 If yes, please give date they became a Young Carer .....

## MEDICAL INFORMATION

### DOCTOR

Surgery Name and Address and Tel No:

Doctor's name:

### DIETARY NEEDS - Please circle any of the following

Gluten Free	Artificial colour allergy	Halal	Kosher food only	No Beef
No dairy produce	No nuts of any type/quantity	No pork	Seafood allergy	Vegetarian
Other (please specify)				

### MEDICAL INFORMATION - Please circle any of the following

Epilepsy	Diabetes	Asthma	Eczema
Arthritis	Multiple Sclerosis	Tuberculosis	A.D.H.D.

Other - please specify. *(Please include any allergies, medication requirements)*

### VACCINATIONS *Please tick appropriate box.*

<b>MMR</b>	Yes/No	(If YES date of Vaccination)
<b>Tetanus</b>	Yes/No	(If YES date of Vaccination)
<b>Other</b>	Yes/No	(If YES date of Vaccination)
If your child uses an inhaler, is it carried on their person?		Yes      No
<b>I GIVE PERMISSION FOR MY SON/DAUGHTER TO BE GIVEN PARACETAMOL</b>		Yes      No

## SCHOOL HISTORY

### PREVIOUS EDUCATION DETAILS - Please list all schools since Year 5 (Most Recent First)

School / Pre-School Name	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address:			
	Address:			
	Address:			

### SIBLINGS

#### Other children in the family.

Names/relationship/Ages/School  
*(This information will only be used in relation to this application to the school)*

Position of this child in the family (i.e. if this child has one older and one younger sibling – write 2/3)

**ETHNIC/CULTURAL INFORMATION**

**\*Required Fields**

**PLEASE COMPLETE THE FOLLOWING.** This will help us to see how well children from different groups are doing. We want to make sure that **all** children are treated fairly and do well at school.

**\*ETHNICITY - Please circle one of the following and complete the Nationality and Country of Birth details**

<b>*Nationality:</b> .....  Refused .....	<b>*Country of Birth:</b> .....  Refused .....	
<p><b>*</b></p> <p><b>White</b></p> British Irish Traveller of Irish Heritage Gypsy/Roma White Other White Eastern European White Western European <p><b>Black or Black British</b></p> Black Caribbean Black African Any other Black background	<p><b>Mixed</b></p> White & Black Caribbean White & Black African White & Asian Any other mixed background <p><b>Any other ethnic group</b></p> Arab Iranian Kurdish Other Ethnic Group ( <i>Please state</i> ) .....	<p><b>Asian or Asian British</b></p> Indian Pakistani Bangladeshi Any other Asian background <p><b>Chinese</b></p> Chinese <p><b>Refused</b></p>

**RELIGION - Please circle one of the following**

Buddhist	Christian	Coptic Christian	Jewish	Muslim
Roman Catholic	Sikh	Hindu	No religion	Other- please state

**\*FIRST LANGUAGE - Please circle ONE of the following: (Please read note below for First Language definition)**

First Language is the language to which your child was initially exposed during early childhood and which they continue to be exposed to at home or in the community. It is not a question of how well they speak English.

Arabic Bengali Chinese Danish Dutch English	French German Greek Gujarati Hebrew Hindi	Italian Mandarin Mauritius / Seychelles Creole Norwegian Polish Portuguese	Punjabi Spanish Swedish Urdu Welsh Other ( <i>please state</i> )
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**ADDITIONAL INFORMATION**

**OTHER**

Have any other services been involved with your child (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc.). **If YES please give details**

**SEND**

Is there any other information you feel we should be aware of? (e.g. does your child have Special Educational Needs?)

**TRAVEL TO SCHOOL - Please circle ALL which apply**

Cycle	Car	Public Bus Service	Train
Taxi	Walk	School Bus	Other
LA provided transport	Route		

**MEALS – Please circle ONE of the following \*Please see note on page 10 BIOMETRIC IDENTITY SYSTEM**

*Free School Meals	<b>OR</b>	Please circle the option your child usually has.	
<b>Date of expiry:</b>		Packed Lunch	*School Cafeteria

**ANY OTHER RELEVANT INFORMATION**

**Please provide any other information which you feel to be relevant in the space below**

## PHOTO RELEASE CONSENT

We like to share information and news of some of the exciting activities that take place at Blatchington Mill School. It may be that your son or daughter have their photograph taken or are included in a video recording during events such as performances, sporting fixtures, school trips or other school activities. We may include these in Blatch News, on the school website, as part of press releases or in general promotional materials as well as displays around school.

It is standard practice for every student to give their own permission for their photo to be used for individual events as they happen. However, we also ask parents/carers for annual permissions for such instances as performing arts and sports team events.

Any general photos, for example assemblies, where individual students may not be aware they are being photographed are only permissible for brochure purposes and promotional printed material. If a story goes national or if we have any doubt about the audience that will be reached then you will be contacted directly.

Please **CIRCLE** the appropriate box below.

**I GIVE MY PERMISSION**

**I DO NOT GIVE MY PERMISSION**

**FOR MY SON/DAUGHTER'S PHOTO TO BE USED IN CONNECTION WITH PROMOTIONAL PURPOSES ON THE BLATCHINGTON MILL SCHOOL WEBSITE, SCHOOL SOCIAL MEDIA OUTLETS AND FOR PRESS RELEASES AS REQUIRED**

## PARENTAL DECLARATION

### **DATA PROTECTION STATEMENT:**

*The purpose of this form is to collect data for further processing within the school/Local Authority systems. Your signature on this form implies your consent for the school/Local Authority to process the data. The school is registered under the General Data Protection Regulations for holding personal data. The school is required to share some of the data with the Local Authority, the Department for Education and approved Government Agencies (the full Fair Processing Notice is available via the school website). The data will be processed in accordance with the purposes notified by the school/Local Authority to the Information Commissioner's office and are subject to the General Data Protection Regulations. The information given will be entered in the school's protected Management Information System (MIS). Essential information may also be shared with the school nurse, dental health and selected bodies providing systems authorised by the school to support teaching, learning and home/school communications.*

### **DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**

*I declare the information I have provided to be correct to the best of my knowledge at the time of completion. I have read and understood the Data Protection Statement and the Photo Release Consent information.  
I agree to notify the school of any change in my child's circumstances.*

*I agree to my child having dental, medical and nursing examinations or inspections. I understand that the head teacher must be informed of any conditions which might affect my child's education.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. PLEASE CHECK THAT YOU HAVE COMPLETED ALL THE DETAILS IN FULL. IT SHOULD THEN BE RETURNED TO **THE ADMIN HUB OFFICE AT BLATCHINGTON MILL SCHOOL** AS SOON AS POSSIBLE.

The Admin Hub  
Blatchington Mill School  
Nevill Avenue  
BN3 7BW

**BIOMETRIC IDENTITY SYSTEM**

**Opting In**

The law has changed recently and in order for students to use the biometric identity system for school lunches, the school requires the **explicit consent of at least one parent**. The law does provide that if **either** parent specifically objects, the school **may not** use the data, even if the other parent has agreed.

PLEASE COMPLETE ALL DETAILS INCLUDING STUDENT NAME

STUDENT NAME: .....

**Biometrics Opt-In OR Opt-Out. Please tick the appropriate box below.**

I **wish** my child to be included in the Biometric registration process

I **do not** wish my child to be included in the Biometric registration process

Name of parent/carer: .....

Signed: .....

**Please note. If we do not receive a reply or you choose NOT to opt in, your son or daughter will be unable to use their biometric identifier which will impact on their ability to receive school lunches.**



## Notes

### 1. Priority 1.

Only Parents/Carers with Parental Responsibility can request to be Priority 1. Separated/absent parents with legal Parental Responsibility who **do not** want to receive daily texts regarding absence but would like to receive school reports, newsletters etc. can do so via Firefly. See Note 3 below. Alternatively school reports, newsletters etc. can be posted on request.

### 2. Parental Responsibility.

A mother automatically has [parental responsibility](#) for her child from birth.

A father usually has parental responsibility if he's:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can [apply for parental responsibility](#) if you don't automatically have it.

#### Births registered in England and Wales

If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility.

They both keep parental responsibility if they later divorce.

#### Unmarried parents

An unmarried father can only get legal responsibility for his child in 1 of 3 ways:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

#### Births registered in Scotland

A father has parental responsibility if he's married to the mother when the child is conceived, or marries her at any point afterwards.

An unmarried father has parental responsibility if he's named on the child's birth certificate (from 4 May 2006).

#### Births registered in Northern Ireland

A father has parental responsibility if he's married to the mother at the time of the child's birth.

If a father marries the mother after the child's birth, he has parental responsibility if he lives in Northern Ireland at the time of the marriage.

An unmarried father has parental responsibility if he's named, or becomes named, on the child's birth certificate (from 15 April 2002).

#### Births registered outside the UK

If a child is born overseas and comes to live in the UK, parental responsibility depends on the UK country they're now living in.

### 3. Same-Sex Parents

#### Married same-sex couples

If you are not the birth mother but believe that you may have parental responsibility could you please supply evidence in the form of one of the following:

- Birth certificate
- Marriage certificate
- Parental order
- Parental responsibility agreement

#### Civil partners

Same-sex partners who were civil partners at the time of the treatment will both have parental responsibility.

#### Non-civil partners

For same-sex partners who aren't civil partners, the 2nd parent can get parental responsibility by either:

- [applying for parental responsibility](#) if a parental agreement was made
- becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

### 4. Firefly Access.

#### We use firefly to:-

Communicate with you and your child/children about their classwork and homework

#### It will also allow you as parents/carers to see:-

General information; letters home, school trip information, surveys, permissions slips, school calendars and events, term dates, academic departments, extra-curricular activities, etc. as well as attendance, behaviour and achievement points.

Your child/children's reports, timetables, class groups and staff names, work / tasks that have been set and the progress of that work, grades and feedback sent to each student.

Information on how to access Firefly will be sent at a later date.