

Registration Form and Consent to Use Information

This form sets out:

- 1. Information we are seeking about you/your child that the Nelson Academy needs in order to register the child with the School and to provide a suitable education. The School's privacy notice sets out how we use this information and your rights. You have already been provided with details of the privacy notice but if you want to look at it again, the notice can be found at: EMAT Data Protection Policy or you can also ask for a copy of the notice from the School's office.
- 2. Information we are seeking about you/your child that it would be helpful for the School to use and share but is not a requirement to do so. Parents do not have any obligation to show a birth certificate to a school. We are seeking your consent for this.

1. Registration Detail	S
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You are required to provid	<u>e this information to allow us to register y</u>	your child	with the	School	
(a) Details of the child to b	e admitted				
We require this information	to allow us to register your child with the	School			
Forename (as on Birth Certificate)	Other names (also known as)	Surname	e (Legal,	not Pref	erred)
If appropriate, underline the fore	ename by which your child is known	Date of I	Birth		
Current Home Address					
		Gender	(nlease	√ \	
Post code		Gender	(piease	*)	
		М		F	
If the above is on a militar	v camp, what is the name of the camp?				

(a) Details of the	he peopl	le who have I	egal parental res	sponsibility for this child
We want this in	formation	to allow us send	information to you ar	nd to contact you, for example, to keep
your child safe	in the cas	se of an emergen	су	
(Please list in	order of pr	iority for contact	during the school day	y)
Education Act 1996 who has parental res				child as well as a person who is not a parent
Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's

	Relationship to your child	Mr, Ms, Mrs etc		Forename	Surname	Home address, if different from your child's
Parent	☎ Daytime		≇ E	evening	≅ Mobile	
						e-mail:

Parent	☎ Daytime		≊Evening		≊ Mobile		
						e-mail:	

Parent	☎ Daytime	≊ Evening		☎ Mobile		
					e-mail:	

The usual a	rrangeme	nts for	your	child if	f living wi	th d	ifferent parents o	on d	ifferent days	of t	he week	
Additional E												
People othe	r than the	above	who	can b	e contact	ted i	n an emergency.					
Relationship child	to the	Mr, M etc	S F	orena	ame	me Surname Home addre child's				s, if	different f	rom the
☎ Daytime			≅ Eve	enina		2	Mobile					
☎ Daytime			≊ Eve	vening								
,												
Other fam	ily detail	S										
Please give	details of	any ot	her cl	hildrer	currentl	y livi	ing at your child's	s hc	ome(s) and a	atten	ding the s	school
Children's n	ames			DoB		Class						
	ucationa at this info				pupil lea	ırnin	g					
l aat aabaal												
Last school		otoir-e	orlier	oduce	ational as	bee	I records from the	0-64	chool name	lbal	ow this	ic o
statutory red			aniei	educa	alional sc	noo	rrecords from th	e sc	znooi named	Dei	ow – ms	is a
School nam			l l	Addres	SS					•	Telephone	е
Dates attend	ded above	schoo	ol				From			-	То	
Pre-school	educationa	al expe	rienc	е								
This only ne	eds to be	compl	eted f	for chi	ldren age	ed 7	or younger					
	From				Please	tick	Playgroup		Nursery	A ⁻	t home	Other
Dates	То					_						
	. •											

	as had any gaps in his/her e		•	•	tail below						
The start and	end dates of the gap(s) and	reasor	n(s)are	required.							
(c) Doc	tor, health care & othe	r spe	cific	arrangeme	nts						
`´We v	vant this information to keep					provid	le appro	priate			
pasto	oral care										
Name of doc	tor & surgery	Conta	act det	ails of practice	e/health centre						
	J										
					etails of local doctors						
	using a local doctor, please supply the contact details separately.										
Han your obil	d had a tatanua injection?	Voc	No	If was data							
nas your criii	d had a tetanus injection? Does your child use one?	Yes Yes	No No	If yes, date If yes, freque	ancy taken						
INHALER	•	163	NO	ii yes, iieque	ericy takeri						
	If yes, type of medication?										
Other medica diabetes, epil	al information relevant to your	child's	devel	opment and s	chool life e.g. hearin	ıg, sigl	nt, allero	gies,			
diabetes, epii	epsy.										
Does your ch	ild have an Education, Healtl	h & Ca	re Plar	(FHCP)?		Ye	26	No			
Docs your on	ma nave an Eudeadon, ricali	i a oa	ic i iai	1 (1101):			<i></i>	140			
If your child h	nas other particular needs in i	elation	to his	/her education	n please describe the	em her	e:				
, , , , , ,					,						
Please give g	details of any special dietary i	eauire	ments	vour child	Lunch time arrang	ement	s (pleas	se ✓			
may have?	, ,	•		,	one box)		Paid	Free			
					School m	neals					
					Packed L						
							_	-			
					Г	lome					
How will your	child normally get to and fro	m scho	ool?								
					Is your child entitle	ed to	Yes	No			
					free transport?						
	nain language spoken at hom only record what information the pa		lares								
in this box.)	ony rootia what information the pa	on doo									

2. Further details

We seek your agreement to use and share the following details with the Department for Education (DfE) and Norfolk County Council to assist in the completion of the school's census under section 3 of The Education (Information About Individual Pupils) (England) Regulations 2013. This information allows the DfE to better plan to meet needs within the school system. For example, what extra support the DfE may need to provide to schools with high numbers of children who do not speak or understand English sufficiently to access the curriculum and the associated needs in the school system helps the DfE ensure that all children, wherever they are from, have the best possible education. You do not have to give consent to do so and it will not affect the education that your child receives from the School.

Please note: a child may provide this information where they are deemed mature enough to have capacity to understand and agree to the use of and the sharing of their personal data with others.

(a) Ethnicity (The school can only record what information the parent declares in this section.)

Please tick the box that you believe best desc	ribes your child's ethnicity:	
White		
British		
Irish	Sri Lankan Other	
Gypsy	Any other Asian background	
Gypsy / Roma	Chinese	
Other Gypsy/Roma	Chinese	
Traveller of Irish heritage	Black or Black British	
Albanian	Caribbean	
Bosnian-Herzegovinian	Angolan	
Croatian	Congolese	
Greek	Ghanaian	
Greek Cypriot	Nigerian	
Italian	Sierra Leonean	
Kosovan	Somali	
Portuguese	Sudanese	
Serbian	Other Black African	
Turkish	Any other black background	
Turkish Cypriot	Other ethnic groups	
Eastern European	Afghan	
Western European	Arab other	
White Other	Egyptian	
Mixed	Filipino	
White and Black Caribbean	Iranian	
White and Black African	Iraqi	
White and Pakistani	Japanese	
White and Indian	Korean	
White and any other Asian background	Kurdish	
Any other mixed background	Malay	
Asian and Asian British	Moroccan	
Indian	Thai	
Pakistani	Vietnamese	
Other Pakistani	An ethnic group not listed here:	
Bangladeshi	I do not wish to provide this information	

(b) Service child (The school can only record what information the parent declares in this section.)

Does your child have a parent (or parents) who is a current serving member of the regular HM Services, and is of Personal Marital Status Cat 1 or Cat 2?

3.	Further	details	continued
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We seek your agreement to use and share the following details with the school. It will not be shared with the Department for Education (DfE) This information allows the school to better plan to meet needs within the school system, for example, dietary requirements, religious education, etc.

You do not have to give consent to do so and it will not affect the education that your child receives from the School.

Please note: a child may provide this information where they are deemed mature enough to have capacity to understand and agree to the use of and the sharing of their personal data with others.

Religion:	

Statement Ito be signed	nent [to be sign	nedl
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- a) I agree to the use and sharing of information as set out in paragraph 2 above
- b) I understand that I do not have to give agreement to this and it will not affect the education that my child receives
- c) I understand that there may be circumstances where the School will still share my information with other agencies without my agreement. This will include where it is necessary to safeguard myself or another individual or it is necessary for the prevention or detection of crime
- d) I understand that I can withdraw my agreement to the use and sharing of the information at paragraph 2 above any time (If you wish to do this please write to, email or contact the School Office)
- e) I understand that the information I have provided in this form will be forwarded to my child's new school when she/he changes school
- f) I believe the information provided in this form to be correct. I will inform the School of any changes that may occur whilst my child is attending the school.

Signed (Parent/Guardian/ Child):		Date:	
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Thank you. When completed, please return this form to the school.

For School Office Use

Admission No		Records sent for	
		School MIS updated	
Correct UPN recorded		Class allocated	