

COBBS BROW PRIMARY SCHOOL

01695 720632



Tiny & Little Acorns Pupil Registration 2020-2021

Headteacher: Mr I Eaton

Welcome to Cobbs Brow

PUPIL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>
PREVIOUS SURNAME (if applicable)		DATE SURNAME CHANGED (if applicable)	___/___/___
		EVIDENCE SEEN BY MEMBER OF SCHOOLSTAFF	YES <input type="checkbox"/> NO <input type="checkbox"/>
BIRTH CERTIFICATE SEEN?	Office use <input type="checkbox"/>	DATE OF BIRTH:	___/___/___
RELIGION			
CHILDS HOME ADDRESS including post code	Postcode _____		
PREVIOUS SCHOOL / SETTING (pre-school, nursery, playgroup)			

PARENT INFORMATION * Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

CARER DETAILS (If not mother or father i.e If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary)

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes <input type="checkbox"/>	No <input type="checkbox"/>
RELATIONSHIP TO CHILD					
HOME ADDRESS including post code		* <input type="checkbox"/>			
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

Child's Ethnic Group (Please tick)	White		British	
	Irish		Black African	
	Black Caribbean		Chinese	
	Pakistani		Indian	
	Bangladeshi		Other (please state)	
EAL (English additional language)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Home Language	

DOES YOUR CHILD HAVE ANY SIBLINGS ATTENDING THIS SCHOOL?

Name of sibling		Year Group	
Name of sibling		Year Group	
Name of sibling		Year Group	

Any allergies?	
Any dietary requirements?	

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR		NAME AND ADDRESS OF PRACTICE	
PHONE NUMBER		MEDICAL CONDITIONS	
IMMUNISATIONS UP TO DATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	HEALTH CARE PLAN	YES <input type="checkbox"/> No <input type="checkbox"/> Details:
ANY EXTERNAL AGENCIES INVOLVED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS:	

TWO YEAR OLD PROGRESS CHECK – Children aged 24-36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes No

Setting completing check _____

Date completed _____

As per the requirements of the Early Years Foundation Stage [we/I] will complete a progress check on your child between the ages of 24-36 months. [We/I] will ask you to be involved in completing the check and will discuss it with you.

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary

Please provide below the names of at least two people who can be contacted by school in emergency, underlining the main contact number. (Repeat information from overleaf if necessary)

PRIORITY 1

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

PRIORITY 2

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

PRIORITY 3

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

PHOTO CONSENT please tick the appropriate boxes

	YES	NO
Photographs/videos of your child taken by school staff		
Photographs/videos of your child taken by third parties at special events e.g. school productions or extra-curricular events i.e. sporting events		
May we use your child's image in printed school publications and for digital display purposes within school		
Use of your child's image on our schools online publications e.g. the school website / facebook / blog / VLE?		
To allow your child to appear in the media as part of the schools involvement in an event		

Data Collection

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. (GDPR) The school is required to share some of this data with the Local Authority and with the DfES.

I can confirm the information provided on this form is accurate and that all parties concerned have given their consent for Cobbs Brow to hold and process this information, in accordance with our data protection policies.

I agree to inform the school of any changes in details given above.

The following is to be signed by the **parent/legal guardian** of the child above.

Signed:

Date: ___ / ___ / _____

Print Name:

Relationship to child: