

# OAKLANDS JUNIOR SCHOOL

## NEW PUPIL – REGISTRATION FORM – 2022/23



<b>PUPIL DETAILS</b>			
Legal Forename		Preferred Forename	
Middle Name		Legal Surname	
Please note legal forename and surname will be used on all official documents			
Address			
Post Code		Home Telephone No.	
Date of Birth		Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Class		Previous School	
<b>PARENTS CONTACT DETAILS:</b> Parents / Step Parents / Carers who live with the child at the same address			
<b>Parent 1</b>			
Title (Mr/Mrs)		Surname	
Forename		Relationship to pupil	
Mobile No.		Work No.	
E-mail Address			
<b>Parent 2</b>			
Title (Mr/Mrs)		Surname	
Forename		Relationship to pupil	
Mobile No.		Work No.	
E-mail Address			
<b>PARENTAL RESPONSIBILITY:</b> It is a legal requirement that we keep details of all persons who have parental responsibility but do not live at the home address. As natural parents have voting rights in matters such as electing parent governors, the DFE instructs us to ask the following questions.			
Name			
Address			
		Post Code :	
Home Telephone No.		Mobile No.	
Work Telephone No.			
E-mail Address			
Relationship to pupil			
Parental Responsibility?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Court Order preventing communication with this person?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this person entitled to receive correspondence and school reports?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**EMERGENCY CONTACTS:** Please give details of other family members/friends to be contacted in the event of an emergency**Contact 1 - Name**

Address

Post Code :

Relationship to pupil

Home Telephone No.

Mobile No.

**Contact 2 - Name**

Address

Post Code :

Relationship to pupil

Home Telephone No.

Mobile No.

I confirm that the above named people have provided their consent to share their contact details. Yes **DIETARY REQUIRMENTS:** Please list any special dietary requirements, e.g. Gluten Free/Dairy Free/Religious Grounds**MEDICAL INFORMATION:**

Medical Practice

Doctor

Telephone No.

NHS No.

Medical Condition(s): Please give details of any medical conditions/minor allergies which the school should be made aware of:

Does your child suffer from any chronic/severe allergy (eg. nuts, wasp stings etc.) whereby they may require a lifesaving injection whilst in school? Yes  No  (If YES you will be required to complete a separate form)

Details: \_\_\_\_\_

My child requires medication to be kept in school Yes  No  (If YES you will be required to complete a separate form)

Details: \_\_\_\_\_

**TRAVEL ARRANGEMENTS:** Please state your child's main mode of transport to school:Walk  Cycle  Car Share  Car/Van  Public Bus  School Bus  Train  Taxi  Other *As part of our Healthy Schools status Oaklands Junior School promotes walking or cycling to school wherever possible.***BROADMOOR EMERGENCY:** Please see our Broadmoor Emergency Policy on the school website for information about what happens in the event of a Broadmoor emergency.**SCHOOL PHOTOGRAPHY PERMISSION**

From time to time we would like to take photographs of our pupils to illustrate activities within the School and to publicise school trips and events. These photos may appear in the School Prospectus, on the school website, in the local press and in other school documents.

I give permission for photographs of my child to be used by the school and the Corvus Learning Trust for publicity and information

Yes  No **MARKETING COMMUNICATIONS**

From time to time we would like to email you about fundraising activities and other events organised by the school and associated organisations. We will only send you this information if you give us permission, and you can update your preference at any time by contacting the school.

I would like to receive marketing communications from Oaklands Junior School and the Corvus Learning Trust including details of school events and fundraising activities.

Yes  No ***This does not affect the normal communications you will receive regarding the education of your child*****ARMED FORCES:** Is either parent currently serving or recently retired from the Armed Forces?Yes  No 

If yes - Personnel Category 1 or 2

Other

Regiment

Currently serving at

Date of retirement

# ETHNIC ORIGIN

The DFE has requested this information with the aim of making better decisions about educational provision, and it is important that you return this form to the school.

**PUPILS NAME**

**ETHNIC ORIGIN** (please tick only one box)

- |                            |                          |                             |                          |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Any other Asian Background | <input type="checkbox"/> | Gypsy / Roma                | <input type="checkbox"/> |
| Any other Black Background | <input type="checkbox"/> | Indian                      | <input type="checkbox"/> |
| Any other Ethnic Group     | <input type="checkbox"/> | Pakistani                   | <input type="checkbox"/> |
| Any other Mixed Background | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | White - British             | <input type="checkbox"/> |
| Bangladeshi                | <input type="checkbox"/> | White - Irish               | <input type="checkbox"/> |
| Black African              | <input type="checkbox"/> | White and Asian             | <input type="checkbox"/> |
| Black Caribbean            | <input type="checkbox"/> | White and Black African     | <input type="checkbox"/> |
| Chinese                    | <input type="checkbox"/> | White and Black Caribbean   | <input type="checkbox"/> |

**FIRST LANGUAGE** - please state the first language spoken by your child

**HOME LANGUAGE** - please state which language is spoken by your child at home

**NATIONAL IDENTITY**  
(Please tick only one box)

- English
- Irish
- Scottish
- Welsh
- British
- Other

**TRAVELLER STATUS**  
(Please tick only one box)

- Gypsy / Roma (Housed)
- Gypsy / Roma (Travelling)
- Occupational (Traveller)
- Traveller (other)

**ASYLUM STATUS**  
(Please tick only one box)

- Asylum Seeker
- Refugee

**RELIGION:** (please tick as appropriate)

Buddhist     Christian     Hindu     Jewish     Muslim     Sikh     No religion

Other (please specify) \_\_\_\_\_

I confirm that the information provided in this document is correct.

Signed – Parent / Carer

Date

Please complete and return to the school office

