



REGISTRATION FORM

Linton Primary School
Main Street, Linton, Swadlincote
Derbyshire DE12 6QA

PLEASE COMPLETE IN BLOCK CAPITALS

STUDENT DETAILS

Forename/s				Please underline the name by which the pupil is usually known	
Surname					
Please give your child's legal name as it appears on their birth certificate or legal name change document. We are required by law to use a child's legal surname on the school register. Please bring a birth certificate or other relevant documents to school with this completed form.					
Date of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Home Address		Home Telephone			
		Mobile Telephone			
		Email Address			
		Nationality			
Postcode		Country of Birth			
Please tick ONE category which best describes your child's religion					
<input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion					
Christian (please specify)			Other Religion (please specify)		
<input type="text"/>			<input type="text"/>		
Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.					
Please study the list and tick the <u>one</u> category which best describes your child.					
White <input type="checkbox"/> British		<input type="checkbox"/> Asian or Indian		Mixed <input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> Irish		<input type="checkbox"/> Asian British Pakistani		<input type="checkbox"/> White and Black African	
<input type="checkbox"/> Traveller of Irish Heritage		<input type="checkbox"/> Bangladeshi		<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Gypsy / Roma		<input type="checkbox"/> Any other Asian background		<input type="checkbox"/> Any other ethnic background	
<input type="checkbox"/> Any other white background		<input type="checkbox"/> Black or Caribbean		<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Chinese		<input type="checkbox"/> Black British African			
		<input type="checkbox"/> Any other Black background			
Any information you provide will be used to compile statistics on the school careers and experiences from different backgrounds, to help ensure that all children have the opportunity to fulfil their potential. These statistics will not allow individual children to be identified publicly and the information will be passed on to any school to which your child transfers to. You can check your child's information at any time and, if you wish, have the ethnic background changed or removed.					
First Language	<input type="checkbox"/> English <input type="checkbox"/> Other (please state)		<input type="checkbox"/> Prefer not to say		
Language Spoke at Home	<input type="checkbox"/> English <input type="checkbox"/> Other (please state)		<input type="checkbox"/> Prefer not to say		
Does the child have a parent currently serving in the UK military?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

CONTACT DETAILS

Priority	Title	First Name	Surname	Relationship to child	Parental Responsibility
1					Yes / No
Address				Email Address	
Occupation/Profession					
Home Phone Number			Mobile Number		Work Phone Number

Priority	Title	First Name	Surname	Relationship to child	Parental Responsibility
2					Yes / No
Address				Email Address	
Occupation/Profession					
Home Phone Number			Mobile Number		Work Phone Number

Priority	Title	First Name	Surname	Relationship to child	Parental Responsibility
3					Yes / No
Address				Email Address	
Occupation/Profession					
Home Phone Number			Mobile Number		Work Phone Number

Priority	Title	First Name	Surname	Relationship to child	Parental Responsibility
4					Yes / No
Address				Email Address	
Occupation/Profession					
Home Phone Number			Mobile Number		Work Phone Number

LOOKED AFTER CHILDREN

If your child is looked after please provide additional details below

Care Order

Care Authority

Social worker Name and contact no.

Date adopted from care, if applicable. Please provide photocopied evidence.

Please give further details

DECLARATION

I declare the information on this form to be correct to the best my knowledge.

Signed: Parent/Guardian Date:

The information that you enter on this form is required for the efficient organisation of the school and the children's educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act. The information will be disclosed only to the Education Authority, the Health and Welfare Agencies or where a law or emergency necessitates disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, will you please notify the school in writing or ask for another of these forms.