



GORSE RIDE SCHOOLS

Gorse Ride Infant & Nursery School / Gorse Ride Junior School

Executive Head Teacher : Miss Eileen Rogers

GORSE RIDE SCHOOLS NEW PUPIL REGISTRATION FORM

PUPIL DETAILS:			
Legal Forename		Preferred Forename	
Middle Name (s)			
Legal Surname		Preferred 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"/>
Previous School/Nursery			
PARENTS CONTACT DETAILS: Parents / Step Parents / Carers who live with the child at the same address			
Parent 1			
Title (Mr/Mrs)		Surname	
Forename		Relationship to pupil	
Mobile No.		Work No.	
E-mail Address			
Place of Work			
Parent 2			
Title (Mr/Mrs)		Surname	
Forename		Relationship to pupil	
Mobile No.		Work No.	
E-mail Address			
Place of work			
PARENTAL RESPONSIBILITY:			
It is a legal requirement that we keep details of all persons who have parental responsibility but do not live at the home address.			
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 with Gorse Ride Schools. Yes <input type="checkbox"/>					
DIETARY REQUIREMENTS: 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 (e.g. nuts, wasp stings etc.) whereby they may require a lifesaving injection whilst in school? Yes No					
Details: _____					
<i>If your child has a medical condition you may be asked to provide further information</i>					
ARMED FORCES: Is either parent currently serving or recently retired from the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes - Personnel Category 1 or 2				Other	
Regiment		Currently serving at		Date of retirement	

ETHNIC ORIGIN

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

COUNTRY OF BIRTH

NATIONAL IDENTITY
(Please tick only one box)

English	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
British	<input type="checkbox"/>
Other	<input type="checkbox"/>

TRAVELLER STATUS
(Please tick only one box)

Gypsy / Roma (Housed)	<input type="checkbox"/>
Gypsy / Roma (Travelling)	<input type="checkbox"/>
Occupational (Traveller)	<input type="checkbox"/>
Traveller (other)	<input type="checkbox"/>

ASYLUM STATUS
(Please tick only one box)

Asylum Seeker	<input type="checkbox"/>
Refugee	<input type="checkbox"/>

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