



Comberbach Primary School

&

Nursery

Registration Form

Child Information

Child's Surname:	
Childs Forename:	
Other Name:	
Date of Birth:	
Address:	
Postcode:	
Sex:	
School Year Group:	
Home Tel:	
Email Address:	
Mobile Tel:	
First Language	
Details of any Special Educational Needs or Disability your child has:	
Previous School	
Previous Schools Telephone Number:	

Adult Contact Details

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority 1 Name	
Priority 1 Relationship	
Priority 1 Parental Responsibility:	
Priority 1 Home Address	
Priority 1 Home Tel	
Priority 1 Mobile Tel	
Priority 1 Work Tel	
Priority 2 Name	
Priority 2 Relationship	
Priority 2 Parental Responsibility:	
Priority 2 Home Address	
Priority 2 Home Tel	
Priority 2 Mobile Tel	
Priority 2 Work Tel	
Priority 3 Name	
Priority 3 Relationship	
Priority 3 Parental Responsibility:	
Priority 3 Home Address	
Priority 3 Home Tel	
Priority 3 Mobile Tel	
Priority 3 Work Tel	

Other Children in the Family

Sibling 1 Name	
Sibling 1 Age	
Sibling 1 School	
Sibling 2 Name	
Sibling 2 Age	
Sibling 2 School	
Sibling 3 Name	
Sibling 3 Age	
Sibling 3 School	

Medical Information

Name of family Doctor	
Doctors Practice Address	
Doctors Telephone Number	
Does your child have any medical conditions / allergies that the school should be aware of? (e.g. Asthma, Epilepsy, allergic to food or drugs)	
If YES please specify	
In case of accident or emergency I give responsible members of staff, permission to take my child to hospital for treatment if I or a relative cannot be contacted. (Please check box)	<input type="checkbox"/>

Multi-Purpose Parental Consent

Please indicate you have given your consent in each case by ticking the box on the right-hand side.

On-site activities

I give my permission for my son/daughter to:

Use the internet in line with the school's acceptable usage policy	<input type="checkbox"/>
View films and video clips rated PG	<input type="checkbox"/>
Attend after-school clubs	<input type="checkbox"/>
Take part in food preparation/cooking and tasting activities	<input type="checkbox"/>

Please give details of any food allergies/specific dietary requirements:

[Click here to enter text.](#)

Off-site activities

I give my permission for my son/daughter to take part in:

Supervised visits to local destinations away from the main school site	<input type="checkbox"/>
Supervised one-day non-residential visits within the UK	<input type="checkbox"/>
Supervised off-site activities (for example, sporting fixtures and swimming lessons)	<input type="checkbox"/>

Medical consent

I give my permission for:

My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity	<input type="checkbox"/>
My son/daughter to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	<input type="checkbox"/>
My son/daughter's information to be shared with the NHS and other relevant health professionals	<input type="checkbox"/>
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted	<input type="checkbox"/>
Plasters to be applied to my son/daughter	<input type="checkbox"/>
My son/daughter to use anti-bacterial hand gel	<input type="checkbox"/>
My son/daughter to be assisted in applying sunscreen if necessary	<input type="checkbox"/>

Please give details of any medical conditions/allergies:

[Click here to enter text.](#)

Emergency release I give my consent for my son/daughter to be released to the Priority Contacts above in the event of emergency or illness, if I cannot be contacted:	<input type="checkbox"/>
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Use of information and image (including photographs and video recordings)

I give my permission for my son/daughter's:

Name to be used on the school website, printed publications and local media	<input type="checkbox"/>
Work to be used in school displays and on the school website	<input type="checkbox"/>
Image to be used within school (for example, in wall-mounted displays)	<input type="checkbox"/>
Image to be used in printed school publications (for example, the school prospectus)	<input type="checkbox"/>
Image to be used on the school website and in the local media	<input type="checkbox"/>
Image to be used in communication with international pen pals	<input type="checkbox"/>
Image to be taken by, or used in circulation to, other parents (for example, school events, Facebook)	<input type="checkbox"/>
Biometric data (for example, fingerprints) to be processed	<input type="checkbox"/>

Communication

I give my permission for the school to contact me via:

Phone	<input type="checkbox"/>
Email	<input type="checkbox"/>
Text message	<input type="checkbox"/>

The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

Ethnicity

Please select your Ethnicity by ticking one of the boxes below.

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.

Ethnic Category	Please tick ONE box
White - British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
White - Traveller (Irish Heritage)	<input type="checkbox"/>
White - Gypsy/Roma	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>
Asian - Bangladeshi	<input type="checkbox"/>
Asian - Indian	<input type="checkbox"/>
Asian - Pakistani	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
Mixed - White/Asian	<input type="checkbox"/>
Black - African	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>
Mixed - White/Black African	<input type="checkbox"/>
Mixed - White/Black Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Mixed background	<input type="checkbox"/>
Any Other Ethnic Group	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Religion

Religion	Please tick ONE box
Anglican	<input type="checkbox"/>
Baptist	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Methodist	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other – please specify	<input type="checkbox"/>
No religion	<input type="checkbox"/>

Young Carers

Comberbach Primary School understands that some young people maybe living with and providing regular care support for someone with an illness or disability. We have a commitment to provide equal opportunities for all young people and this includes young carers.

To enable us to support your child in the best way please complete and return this short questionnaire

Does anyone in the family home have any of the following?	Please Tick all that apply
Physical Disability	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>
Substance Misuse e.g. alcohol/drugs	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Chronic or Terminal Illness	<input type="checkbox"/>
If so, please provide brief details of which family members and what they are affected by:	
Does your child carry out any of the following tasks on a regular basis within the home?	Please Tick all that apply
Looking after younger or older siblings	<input type="checkbox"/>
Physical Support e.g. help getting parent, sibling into/out the bath; toileting	<input type="checkbox"/>
Cooking	<input type="checkbox"/>
Shopping/Paying Bills/Collecting Benefits payments	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>
Laundry	<input type="checkbox"/>
Emotional Support e.g. listening to parent or sibling; offering words of comfort	<input type="checkbox"/>
Other care related tasks	<input type="checkbox"/>

Confirmation

I confirm that the information I have given is correct and that I have parental responsibility for the child detailed above:	<input type="checkbox"/>
Full Name	
Date	