

**Welcome to  
our school**

**Huan yin**

**Witajcie**

**Hwangyong-hamnida**

**Irashaimasu**

*Fáilte*

**Benvenuti**

**Willkommen**

**Foon ying**

**Merhaba**

**Sushri akal**

**Tervetuloa**

**Bienvenidos**



**Just starting at  
our school?**

**This is relevant  
in whichever  
class you start**

**A Checklist:**

Whenever you start at school there are always forms to fill in. Some contain information we need back from you, some are information sheets from us and some are optional forms.

**Please bring the relevant documents back to school to be checked or handed in.**

<b>Forms</b>	<b>Received</b>	<b>Filled in</b>	<b>Handed in to school</b>
Registration form			
Parental Consent Forms			
Home School Agreement			
Parent help form			
Birth Certificate			To be checked
Utility Bill			To be checked

**PUPIL REGISTRATION FORM [CONFIDENTIAL] School: Highfield C.E. Primary School**

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted. Your child's birth certificate should be presented for copying and placing on file at the time of your child's admission to primary education.

**PUPIL DETAILS**

Legal Surname: \_\_\_\_\_

Legal Forename: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

Preferred Forename: \_\_\_\_\_

Gender: **Male / Female** (delete as applicable)

Date of birth: \_\_\_\_\_

**ADDRESS DETAILS**

	Home		Other
Flat/Apartment No.	_____	Flat/Apartment No.	_____
Block Name:	_____	Block Name:	_____
* House No./Name:	_____	House No./Name:	_____
* Street:	_____	Street:	_____
* Town/City:	_____	Town/City:	_____
* County:	_____	County:	_____
* Postcode:	_____	Postcode:	_____
<i>*required fields</i>		Type:	<i>Term Time / Overseas / Other</i>

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name address of the person with whom the child normally resides:

Reason: \_\_\_\_\_ Dates Applicable: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## CONTACTS

<b>Parent/Carer: Mr/Mrs/Ms/Miss/Other</b>		<b>Parent/Carer: Mr/Mrs/Ms/Miss/Other</b>	
<b>Forename:</b>		<b>Forename:</b>	
<b>Surname:</b>		<b>Surname:</b>	
<b>Address (if not home address above):</b>		<b>Address (if not home address above):</b>	
Post Code:		Post Code:	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Home:
	Mobile:		Mobile:
e-mail:		e-mail:	
<b>Work: (for emergency use. Please state days / hours worked)</b> Address:		<b>Work: (for emergency use. Please state days/ hours worked)</b> Address:	
Tel No:		Tel No:	
Priority to contact in an emergency: 1st 2nd 3rd 4th 5th		Priority to contact in an emergency: 1st 2nd 3rd 4th 5th	
Parental Responsibility: Yes / No		Parental Responsibility: Yes / No	
Relationship to child:		Relationship to child:	
With whom does the child live?			
Please attach a copy of any court orders relating to your child. Please tick if attached <input type="checkbox"/>			

### OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

<b>Name (and relationship to child):</b>			
<b>Home Address:</b>		<b>Work Address:</b>	
Post Code:		Post Code:	
<b>Tel Nos:</b>	Home:	<b>Tel Nos:</b>	Work:
	Mobile:		
<b>Is the child resident with foster parents:</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If 'yes'; which Authority is financially responsible for maintenance? _____</b>			

### ADDITIONAL CONTACTS

**From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in the order of contact preference.**

No	Name & relationship to the child	Parental responsibility	Daytime address and telephone number <i>(if same as home address please write home)</i>
1	Priority to contact in an emergency 1 2 3 4 5	<b>Yes/No</b> <i>(delete as required)</i>	Address:  Phone:
2	Priority to contact in an emergency 1 2 3 4 5	<b>Yes/No</b> <i>(delete as required)</i>	Address:  Phone:
3	Priority to contact in an emergency 1 2 3 4 5	<b>Yes/No</b> <i>(delete as required)</i>	Address:  Phone:

## MEDICAL INFORMATION

<b>DOCTOR</b>			
Doctor's Name:			
Surgery Name and Address:			
<b>DIETARY NEEDS</b>			
<input type="checkbox"/> Artificial colour allergy	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher food only	<input type="checkbox"/> No dairy produce
<input type="checkbox"/> No nuts of any type/quantity	<input type="checkbox"/> No pork	<input type="checkbox"/> Ramadan	<input type="checkbox"/> Seafood allergy
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Beef	<input type="checkbox"/> Other (please specify)	.....
<b>MEDICAL INFORMATION</b>			
<b>Medical Information</b> <i>(including allergies, medication requirements)</i>			
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Tuberculosis	A.D.H.D.
If your child uses an inhaler, is it carried on their person?		Yes	No
Have any other services been involved with your child (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc)			
Is there any other information you feel we should be aware of? (E.g. does your child have Special Educational needs?)			
Other children in the family. Names/relationship/Ages <i>(This information will only be used in relation to this application to the school)</i>		Position of this child in the family (i.e. if this child has one older and younger sibling – write 2/3)	

## ETHNIC/CULTURAL INFORMATION

Please complete the following, this will help us to see how well children from different groups are doing. We want to make sure that <b>all</b> children are treated fairly and do well at school.			
<b>ETHNICITY</b>			
<b>White</b>  British Irish Traveller of Irish Heritage Gypsy/Roma Any other white background <b>Asian or Asian British</b> Indian Pakistani Bangladeshi Any other Asian background	<b>Mixed</b> White & Black Caribbean White & Black African White & Asian Any other mixed background  <b>Black or Black British</b> Caribbean African Any other Black background	<b>Chinese</b> Chinese  <b>Other</b> Any other ethnic group	<b>Nationality</b>  _____ _____
<b>RELIGION</b>			
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish
<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Sikh	<input type="checkbox"/> No Religion	<input type="checkbox"/> Other _____
<b>HOME LANGUAGE</b>		<b>SECOND HOME LANGUAGE (IF APPLICABLE)</b>	

## ADDITIONAL INFORMATION

MEALS				
<input type="checkbox"/> Entitled to Free Meals	<input type="checkbox"/> Goes Home	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Paid School Meals	
TRAVEL TO SCHOOL				
<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Car Share	<input type="checkbox"/> Public Service Bus
<input type="checkbox"/> Dedicated School Bus	<input type="checkbox"/> Bus (type not known)	<input type="checkbox"/> Taxi	<input type="checkbox"/> Train	<input type="checkbox"/> Other
FOR SCHOOL USE ONLY				
<input type="checkbox"/> LEA provided transport	Route			

## SCHOOL HISTORY

PREVIOUS EDUCATION DETAILS (Most Recent First)				
School / Pre-School Name	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address:  Telephone:			
	Address:  Telephone:			
	Address:  Telephone:			
<i>For pupils being admitted into the Reception Year only, please include the number of terms spent in pre-school education; where known</i>				

## PARENTAL DECLARATION

<p>DATA PROTECTION STATEMENT:</p> <p><i>The purpose of this form is to collect data for further processing within the school/LEA systems. Your signature on this form implies your consent for the school/LEA to process the data. The data will be processed in accordance with the purposes notified by the school/LEA to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with the school nurse and dental health.</i></p>
<p>DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:</p> <p><i>I declare the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.</i></p> <p>Signed: _____ Date: _____</p>

FOR SCHOOL USE ONLY	
Registration Group: _____	NC Year: _____
Admission Date: _____	Admission No: _____
Birth Certificate seen: <input type="checkbox"/> d.o.b. _____	Proof of address seen <input type="checkbox"/> _____

## Parental Consent Form

### 1. School Based Activities

During your child's attendance at Highfield CE Primary School, there are times when the children walk from their department to participate in activities at the other part of the school site or local area. When this happens the children are supervised at all times within the requirements of our Health and Safety and Offsite Policies. If your child is working on the other site at the end of the school day, you will always be informed about the time and place for their collection if different from normal.

- He/She can walk between departments on the split school site.
- He/She can use the 'Secret Garden' at Southampton University and other facilities on the University grounds.
- He/She can walk to the 'Little Common' for environmental activities (Highfield Lane).

**Please could you tick the appropriate boxes to give your consent**

### 2. Taking, displaying and publishing images of pupils (films, photographs and videos) on school premises or on school activities

An image of a person is personal data under the terms of the Data Protection Act 1998 and it is a requirement of the Act that consent from the parent of a young person under the age of 18 years is obtained for any photograph or video recording to be taken and used. Where a parent/carer has given consent but a pupil declines to have an image taken or withdraws his/her personal consent, it will be treated as consent not having been given.

- The school can use and transfer, without alteration, my child's photograph in the school prospectus; in other printed publications that are produced for the school's promotional purposes and on project display boards.
- The school can use and transfer, without alteration, my child's image on the school's website.
- The school can use and transfer, without alteration, my child's image on video or webcam.
- My child can be photographed or filmed by the media (press or television).
- My child's full name can be published with a media image.
- The school can archive an image of my child (eg for a Topic book) for up to 3 years after the image was taken.
- My child can participate in a digital video project.
- The school can show the film that has been produced through a digital video project.

**Please could you tick the appropriate boxes to give your consent**

### 3. Parent's Consent for Internet Access

I have read and understood the school e-Safety policy as published on the school website and give permission for my son / daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure that pupils cannot access inappropriate materials but I appreciate that this is a difficult task. I understand that the school cannot be held responsible for the content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.

**Please could you tick the box to give your consent**

**Complete your child's name, sign, date and return this form to school. A copy will be returned for you to keep in your Parents' Handbook.**

Child's Name \_\_\_\_\_ Parent's name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Highfield C.E. (Aided) Primary School Home / School Agreement

We aim to provide a full, balanced curriculum set in Christian values and principles, which will enable all children to reach their full potential. We see the education of each child as an important responsibility, between the home and the school in active partnership.

## **The School will: -**

- Ensure the Mission Statement and School Aims permeates all aspects of school life.
- Provide a happy, safe, caring, attractive and stimulating environment in which the pupils can learn.
- Provide the best possible learning resources for the children.
- Be punctual in the timekeeping of the school day.
- Inform parents of curriculum content, staff teaching their child and class activities.
- Inform parents of any successes, concerns or problems concerning their child.
- Inform parents about the necessary information about activities, inset days and other relevant dates.
- Inform parents of their child's progress through consultations and/or written reports.
- Provide access to appropriate extra-curricular activities to expand the education experience of the pupils.
- Set homework within the agreed programme, giving appropriate feedback in a reasonable timescale.
- Follow its Behaviour Policy consistently.
- Encourage parents to be active partners in the life of the school.
- Ensure that any concerns of parents are addressed in line with the Complaints Policy.

Signed : \_\_\_\_\_ (Head teacher) on behalf of the School

## **The Parents will: -**

- Support the school in its Mission Statement and School Aims, policies and expectations of behaviour.
- Send the child to school, neatly dressed, in school uniform if possible, having eaten breakfast and in a state of health to cope with the school day.
- Make sure the child arrives punctually and is collected on time at the end of the school day.
- Make sure the child has the appropriate clothing and equipment for school, all of which is clearly named.
- Support the child with schoolwork, homework and social development, and ensure that school property is returned in good condition.
- Communicate in an appropriate manner with the teachers regarding anything which might affect their child's work or behaviour.
- Inform the school, in writing, of changes in circumstances and of planned absences.
- Inform the school daily, by phone, of absence due to illness and provide a parental note on the child's return.
- Seek the permission of the school for holiday absences, in good time.
- Seek to share in active partnership in the life of the school in any way that is appropriate to their situation.

Signed: \_\_\_\_\_ Please print name \_\_\_\_\_

Date: \_\_\_\_\_ Name of child \_\_\_\_\_





# Highfield C.E. Primary School

Hawthorn Road, Southampton SO17 1PX

Tel: 023 8055 5793

Fax: 023 8039 9703

Headteacher: Mr A. King BA Hons, PGCE, NPQH

## Voluntary Help in the Classroom

We are keen to encourage parents to come in to school to help in the classroom and to share their interests with the children. Activities could include reading with children, working with small groups, cooking, sewing etc or administrative assistance such as filing work and photocopying. If you have any time, however brief, to give to the school in this capacity we would love to hear from you.

We would be grateful if you could fill in the details below and return the slip to the class teacher who will contact you to discuss arrangements.

We are required to ensure that adults who have regular contact with children even on a voluntary basis, have been checked by the CRB. Parents/carers who offer one-off help eg an offsite visit require a 'Children's Barred List' check in advance of the activity.

Please contact the Admin Officer in the main reception to facilitate this.



**Highfield CE Primary School**

**Re: Voluntary Help**

Your Name \_\_\_\_\_

Child's Name and Class / Base \_\_\_\_\_

Frequency available : weekly / half termly / once a term / once a year / other (please circle)

Days available \_\_\_\_\_

Times available \_\_\_\_\_

I would be interested in helping with:

Reading		Music		Admin		Offsite visits	
Cookery		Sports		History		Hand writing	
Art / Craft		Science		ICT		Other	

Other areas of interest \_\_\_\_\_

