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| **Stoke Gabriel Pre-School Registration Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **We take children from the term in which they turn two. Children who qualify, can also claim 2-year-old funding in the term after they turn two.** * **Children are eligible for 15 hrs funding in the term after they turn three.** * **Children who qualify, can also claim 30 hrs funding to start in the term after they turn three, please refer to the (DFE) Department for Education for guidelines** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Child’s details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Legal surname | | | | | | |  | | | | | | | | | | | | | | | | Legal forename | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Gender | | | 🞎 | | Male | | | | 🞎 | | | Female | | | | | Date of Birth | | | |  | | | | Middle names(s) | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Preferred surname\*  (If different) | | | | | | | | | |  | | | | | | | | | | | | | Preferred forename  (if different) | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For schools use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth certificate seen? | | | | | | | | | | | 🞎 | | Please tick if you have seen the child's Birth Certificate or any other legal document e.g. Deed Poll, specifying the **Legal** surname of the child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | |
| Start date | | | | | | |  | | | | | | | | | | | UPN | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| 1. Child’s address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postcode | | | | | | |  | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| 1. Child’s medical details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| **Emergency consent?** e.g. the school has permission to give/arrange emergency treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Yes | | | 🞎 | | No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dietary needs**: please tick any that apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | Artificial colouring allergy | | | | | | | | | | | | | 🞎 | | | | Kosher foods only | | | | | | | | | 🞎 | | No pork | | | | | | |  | | | | |  | |
| 🞎 | | Gluten free | | | | | | | | | | | | | 🞎 | | | | No dairy produce | | | | | | | | | 🞎 | | Seafood allergy | | | | | | | | |  | | |  | |
| 🞎 | | Halal | | | | | | | | | | | | | 🞎 | | | | No nuts of any type or quantity | | | | | | | | | 🞎 | | Vegetarian | | | | | | |  | | | | |  | |
| 🞎 | Other (please specify) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical practice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor’s name | | | | | |  | | | | | | | | | | | | | | | | | Surgery name | | | | | |  | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| Surgery address | | | | | | | | Tel no: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other medical information e.g. asthma, diabetes | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. Ethnicity / religion / first language / nationality details | | | | | | | | |
|  |  | |  | | |  | | |
| **Ethnicity\*** | | **Ethnic information was provided by:** | | 🞎 | Parent | | 🞎 | Child |
| Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner recommends that young people aged 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.  Please tick one box only | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| White | | | Chinese | | | Any other ethnic background | |
| 🞎 British | | | 🞎 Hong Kong Chinese | | | 🞎 Afghan | |
| 🞎 Irish | | | 🞎 Other Chinese 4 | | | 🞎 Arab 5 | |
| 🞎 Traveller of Irish Heritage | | |  | | | 🞎 Filipino | |
| 🞎 Gypsy/Roma | | | Black or Black British | | | 🞎 Iranian | |
| 🞎 Greek/Greek Cypriot | | | 🞎Caribbean | | | 🞎 Japanese | |
| 🞎 Turkish/Turkish Cypriot | | | 🞎 African | | | 🞎 Malay 6 | |
| 🞎 Western European 1 | | | 🞎 Any other Black background | | | 🞎 Thai | |
| 🞎 Eastern European 2 | | |  | | | 🞎 Any other Ethnic group 7 | |
| 🞎 Other 3 | | |  | | |  | |
|  | | |  | | |  | |
| Mixed | | | Asian or Asian British | | | 🞎 I do not wish an ethnic background to be recorded | |
| 🞎 White & Black Caribbean | | | 🞎 Indian | | |
| 🞎 White & Black African | | | 🞎 Pakistani | | |
| 🞎 White & Asian | | | 🞎 Bangladeshi | | |  | |
| 🞎 Any other mixed background | | | 🞎 Any other Asian background | | |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| **Notes:**  **1 Western European** includes: Italian, French, German, Spanish, Portuguese and Scandinavian | | | | | | | |
| **2 Eastern European** inc: Russian, Latvian, Ukranian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Montenegran and  Romanian. | | | | | | | |
| **3** **Other White Background** includes: any white category not previously mentioned e.g. Albanian, Australian, Bosnian-   Herzogovinian, Canadian, Croation, Kosovan, New Zealander, North American, Serbian/Yugoslavian. | | | | | | | |
| **4 Other Chinese** incudes: Mainland Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, any other non-Hong  Kong Chinese. | | | | | | | |
| **5 Arab** includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian. | | | | | | | |
| **6 Malay** includes Malaysian other than Malaysian Chinese (see Note 4). | | | | | | | |
| **7 Any other ethnic group** includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (inc.  Kurdish Childs from Iraq, Iran and Turkey), Latin/South/ Central American (inc. Cuban and Belizean), Lebanese, Libyan,  Moroccan, Polynesian (inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni. | | | | | | | |
|  | | |  | | |  | |
| **Religious affiliation:** please tick one box only | | | | | |  | |
| 🞎 Baha’i | | 🞎 Christian | | 🞎 Jewish | 🞎 Sikh | | 🞎 No religion |
| 🞎 Buddhist | | 🞎 Hindu | | 🞎 Muslim | 🞎 Other\* | | 🞎 Decline to answer |
| \* Please specify |  | | | | | | |
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| Child's first language What was the first language your child understood/spoke? | | | | | | | | | | | | | |
| 🞎 English | | 🞎 Other, please specify | |  | | | | | | 🞎 | | Decline to provide | |
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| **Asylum status** (please tick if either of the following apply) | | | | | 🞎 | | | this Child is seeking asylum | | | 🞎 | | this Child is a refugee | |
|  | | | | | | | | | | | | | |
| 1. Additional details | | | | | | | | | | | | | |
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| **Service child** | | |  | | | |  | | |
| Does this child have a parent(s) in regular HM Forces military units? | | | | | | 🞎 Yes | | 🞎 No | |
| (applies to children whose parents are Pstat Cat1 or Pstat Cat2) | | | | | | | | | |
| For further information please see 'MOD personnel categories definition' in the Additional Guidance section of our website at https://new.devon.gov.uk/supportforschools/administration/school-census | | | | | | | | | |
|  | | | | | | | | | |
| Recoupment | | | | | | | | | |
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| **Linked agencies** | | | | | | | | | |
| It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child, for example Social Care (i.e. Social Services)\*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below: | | | | | | | | | |
|  | | | | | | | | | |
| \* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child, e.g. Devon, Torbay etc below. | | | | | | | | | |
|  | | | | | | | | | |
| 🞎 Child in care | Local Authority responsible for child: | | |  | | | | | |
|  | |  | | |  | | | | |
| **Special Education Needs** | | | | | | | | | |
| Please tick if this child has Special Educational Needs (i.e. has a Statement for Special Education Needs or an Education and Health Care Plan (EHCP) or is currently being assessed). | | | | | | | | | 🞎 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Previous settings** | | | | |  | | | |  | | | | |
| **Has your child previously attended another setting?** If so, please list the name and contact details below; | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **Will your child be attending another setting whilst at Stoke Gabriel Pre-School?** If so, please list the name and contact details below; |  | | | | | | | | | | | | |
| Setting address (if known) |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Setting tel no. (if known) | | |  | | | | | | | | | | |
| Why you child be attending the setting whilst at | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Date of arrival at previous setting \* | | |  | | | | Date of leaving previous setting \* | | | | |  | |
| \*an approximate date would be helpful if the exact date is not known e.g. September 2017 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Reason for leaving, e.g. moved house | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Siblings please give details of any other children in your family with their dates of birth. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Forename(s) | | | |  | | Surname | | | |  | Date of birth | | |
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|  | | | |  | |  | | | |  |  | | |
| Parent signature | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Your signature |  | | | | | | | Date | |  | | | |
|  |  | | | | | | |  | |  | | | |
| Please complete form S11/2 Data Collection on Admission to School – Contacts | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What we (the school) does with the information you have provided on this form (GDPR) | | | | | | | | | | | | |

Your personal data is being used by Stoke Gabriel Primary School for the purposes of admitting your child onto school roll. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed <http://www.stokegabriel.thelink.academy/web/useful_information/395266>

The information provided will be stored on SIMS. You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact the school administrator on tel: 01803 782469

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer. Contact the school as above in the first instance.

|  |
| --- |
| What the Local Authority does with some of the information in this form |

Devon County Council uses information about children and young people to enable it to carry out specific functions for which it is responsible. The Council also uses this personal data to derive statistics which inform decisions it makes (e.g.) regarding the funding of schools, assess their performance and to set targets for them. These statistics are used in such a way that individual children cannot be identified.

Further information on how the Local Authority uses your data is available in "What the LA does with your data" guide https://new.devon.gov.uk/supportforschools/administration/information-governance/privacy-notices

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| **S11/2 Data collection on admission to school: contacts information** | | | | | | | | | | | | | | | | | | |
| Child's basic details | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | | | | |  | |
| Name of child contact details are for | | | | | | | | | |  | | | | | | | | |
|  | |  | | | | | | | |  | | | | | | |  | |
| UPN (for schools use only) | | | | | | | | | |  | | | | | | | | |
| Please give details of everyone who has parental responsibility (see Note of page 6) and anyone else to be contacted in an emergency. Please give details of parents/guardians first, but give a low number in the “contact priority” box for any other people who should be contacted in an emergency. (Contact priority 1, ie the first person to contact in an emergency, contact priority 2, ie the second person to contact in an emergency, etc). | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Your details | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
|  | | | | | | |  | | |  | | | | | | |  | |
|  | | | | | | |  | | |  | | | | | | |  | |
| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher | |
| 🞎 Father | | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor | |
| 🞎 Other family member | | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer | |
| 🞎 Other relative | | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact | |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | | |  | |  | | | |
| Is there a Court Order relating to this child? | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | |  | |  | | | |
| **Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc | | | | | | | |  |
|  | | | | | | | |  |
| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | | | |
|  | |  |  | | | | | | |
| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Email** |  | |
|  |  | |
| Home |  | |
| Work |  | |
|  | |  |
|  | |  |
| **Address** (if different from the address given for the child) | | |
|  | | |

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|  | | |  | |
| If English is not your first language please state what is (this may include British Sign Language) | | |  | |
|  | | |  | |
| Do you need a translator / signer? | | 🞎 Yes | | 🞎 No |
|  |  | | |  |
| Place of work |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
| Parent / contact | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
|  | | | | | |  | | |  | | | | | | |  | |
|  | | | | | |  | | |  | | | | | | |  | |
| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher | |
| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor | |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer | |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact | |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | | |  | |  | | | |
| Is there a Court Order relating to this child? | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | |  | |  | | | |
| **Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc | | | | | | | |  |
|  | | | | | | | |  |
| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | | | |
|  | |  |  | | | | | | |
| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Email** | |  | |
| Home |  | | |
| Work |  | | |
|  | | |  |
|  | | |  |
| **Address** (if different from the address given for the child) | | | |
|  | | | |

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| If English is not your first language please state what is (this may include British Sign Language) | | |  | |
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| Do you need a translator / signer? | | 🞎 Yes | | 🞎 No |
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| Parent / contact | | | | | | | | | | | | | | | | | |
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| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
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| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher |
| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | |

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| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | |
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| Is there a Court Order relating to this child? | | | | | 🞎 Yes | | 🞎 No | | |
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| **Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc | | | | | | | |  |
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| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | | | |
|  | |  |  | | | | | | |
| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

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| **Email** | |  | |
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| Home |  | | |
| Work |  | | |
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| **Address** (if different from the address given for the child) | | | |
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| Place of work |  | | | |

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| Parent / contact | | | | | | | | | | | | | | | | | |
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| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
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| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor | |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer | |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact | |
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| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | | |
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| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

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| **Email** | |  | |
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| Home |  | | |
| Work |  | | |
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| **Address** (if different from the address given for the child) | | | |
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| Place of work |  | | | |

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| Parent / contact | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
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| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | | |  | |  | | | |
| Is there a Court Order relating to this child? | | | | | 🞎 Yes | | 🞎 No | | | |
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| **Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc | | | | | | | |  |
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| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | | | |
|  | |  |  | | | | | | |
| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

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| **Email** | |  | |
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| **Address** (if different from the address given for the child) | | | |
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| Do you need a translator / signer? | | 🞎 Yes | | 🞎 No |
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| Place of work |  | | | |

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| Parental responsibility |

## What is parental responsibility?

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

* Decisions about where they live
* Whether the child should receive medical treatment
* What religion they should follow
* Which school they should attend

## Who has parental responsibility?

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

* Registering the birth jointly with the mother (born from 1st Dec 2003)
* Through a 'parental responsibility agreement' between him and the child's mother
* As the result of a court order

People other than a child's natural parents can acquire parental responsibility through;

* Being granted a residence order or a child arrangement order (from 2014)
* Being appointed a guardian
* Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
* Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child

For further information please see: <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

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| General principles for schools |

Everyone who is a parent, whether they are a resident or non-resident parent, has the same right to participate in decisions about a child's education and receive information about the child.

School staff must treat all parents equally, unless there is a court order limiting an individual's exercise of parental responsibility. Individuals who have parental responsibility for, or care of, a child have the same rights as natural parents, for example:

To receive information e.g. Child reports

To participate in activities e.g. vote in elections for parent governors

To be asked to give consent e.g. to the child taking part in school trips

To be informed about meetings involving the child, e.g. a governors' meeting on the child's exclusion

We have received the following advice from the County Solicitor's office concerning Child surnames:

Where only one person holds parental responsibility for a child, he or she has the legal right to effect a change of the child's surname without any permission or consent.

Where more than one person has parental responsibility for a child, the surname of a child can only be changed with the consent or agreement of all those having parental responsibility for a child.

Where two or more people have parental responsibility for a child and there is in force either a residence or care order, then one of those people can only lawfully cause a change of the child's surname if all other people with parental responsibility consent in writing.

In any other situation it is necessary for the person seeking to change a child's surname to obtain an appropriate order from a court.