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| RP L-H header | | | |
| **PUPIL REGISTRATION FORM [*CONFIDENTIAL*]** | | | |
| 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. This information may also be used in support of our responsibilities to safeguard and promote the welfare of children. For further details of how the information will be used, please see the data protection statement at the end of the form. Please provide a copy of either the birth certificate or passport. The information being collected is considered to be the minimum necessary to achieve the purposes stated, but \* denotes information that you are required to provide in order to meet the statutory requirements detailed on the data protection statement. | | | |
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| PUPIL DETAILS | | | |
| Legal Surname: \* |  | Legal Forename: \* |  |
| Middle name(s): \* |  | **Preferred Forename: \*** |  |
| Preferred Surname: \* |  | Date of birth: \* |  |
| Gender: \* | **Male / Female** *(delete as applicable)* | | |
|  | | | |
| ADDRESS DETAILS | | | |
| **Present home address** | | **Other address** | |
| 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: \* |  |
|  | | Type: \* | *Term time / overseas / other* |
| **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: \* |  | | |
| Relationship to child:\* |  | | |

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| PARENTAL CONTACTS | | | | | | | | | | |
| Details of parent 1 | | | | | | Details of parent 2 | | | | |
| Mr/Mrs/Ms/Miss/Other | | | | | | Mr/Mrs/Ms/Miss/Other | | | | |
| **Forename: \*** | |  | | | | Forename: \* |  | | | |
| **Surname: \*** | |  | | | | Surname: \* |  | | | |
| Address *(if not home address above): \** | | | | | | Address *(if not home address above): \** | | | | |
| **Post Code: \*** |  | | | | | Post Code: \* |  | | | |
| Tel No’s: \* | Home: | |  | | | Tel No’s: \* | Home: |  | | |
| Mobile: | |  | | | Mobile: |  | | |
| E-mail: | | | | | | E-mail: | | | | |
| Work: for emergency use | | | | | | Work: for emergency use | | | | |
| **Days/hours worked:** |  | | | | | **Days/hours worked:** |  | | | |
| **Address:** |  | | | | | Address: |  | | | |
| Tel no: |  | | | | | Tel no: |  | | | |
| Priority to contact in an emergency: 1st 2nd (please circle) | | | | | | Priority to contact in an emergency: 1st 2nd (please circle) | | | | |
| **Parental Responsibility:** \* Yes / No | | | | | | Parental Responsibility: \* Yes / No | | | | |
| Relationship to child:\* | | |  | | | Relationship to child:\* | |  | | |
| With whom does the child live? \* | | | | | | | | | | |
|  | | | | | | | | | | |
| CIVIL COURT ORDERS - *This information is needed to comply with our duties under the Children Act 1989* | | | | | | | | | | |
| Order name | | | | In place | Attached | Order name | | | **In place** | Attached |
| **Prohibited Steps Order** | | | | Yes\No | Yes\No | Restraining Order | | | Yes\No | Yes\No |
| Specific Issue Order | | | | Yes\No | Yes\No | Non-Molestation Order | | | Yes\No | Yes\No |
| **Child Arrangements Order** | | | | Yes\No | Yes\No | **Domestic violence protection notices & protection orders** | | | Yes\No | Yes\No |
| Other e.g. Injunctions, Exclusion Order (please specify): | | | | | | | | | Yes\No | Yes\No |

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| CONTACT WITH NON-RESIDENT PARENTS NAMED ABOVE*This information is needed to comply with our duties under the Children Act 1989* | | | | | | | |
| This relates to parental responsibility as defined by the Children Act 1989.  Everyone who is a parent has a right to participate in decisions about a child's education, even though the school's main contact is likely to be the person with whom the child lives on school days. On separation or divorce both parents continue to have responsibility. Non-married fathers, in certain circumstances, may also have parental responsibility.  If approached by a non-resident parent who is named above we will provide the following information or access to the child, in order to satisfy this statutory right: | | | | | | | |
| Provision of school reports | | | | Contact during times of illness | | | |
| Invitation to parents evenings | | | | Contact during times of absence | | | |
| Collection from school | | | | Invitation to other whole school activities | | | |
| CONTACT WITH NON-RESIDENT PARENTS NOT NAMED ABOVE *This information is needed to comply with our duties under the Children Act 1989* | | | | | | | |
| Unless there is a Court order limiting an individual's exercise of Parental Responsibility, such as an order preventing the absent parent from having contact with the child, or there are safeguarding concerns the school and [local authority](http://uk.practicallaw.com/4-386-3828) staff must treat all parents equally. If there are any safeguarding reasons why a non-resident parent should NOT have access to the child, or know that the child is enrolled in the school, or provided with the above information, please make an appointment to discuss this further with the school and provide details below. | | | | | | | |
| Name: \* |  | | | | Relationship to child: \* | |  |
| Home Address if known: \* | | | | | Work Address if known: | | |
| Post Code: \* |  | | | | Post Code: \* | |  |
| Tel Nos if known: | Home: |  | | | | | |
| Mobile: |  | | | | | |
| Work: |  | | | | | |
| Is the child resident with foster parents: \* | | | | | | | Yes / No |
| If *‘yes’*; which Authority is financially responsible for maintenance? \* | | | | | | |  |
|  | | | | | | | |
| DETAILS OF ANY CURRENT PROFESSIONAL INVOLVEMENT *Working Together to Safeguard Children 2018 states that effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Schools and professionals will share information to ensure that this statutory duty is met.* | | | | | | | |
| Name | | | Organisation\Service | | | Contact telephone number | |
|  | | |  | | |  | |
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| Is your child subject to: | | | Child Protection Planning? Yes/No | | | Child in Need support? Yes/No | |

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| 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. | | Title and Name | | | | Relationship to the child | | | **Parental responsibility** | | | | **Daytime address & telephone number** (**if same as home address** please write HOME) | | | |
| 1 | | Mr/Mrs/Ms/Miss/Other | | | |  | | | **Yes/No**  (delete as required) | | | | Address: Phone: | | | |
| 2 | | Mr/Mrs/Ms/Miss/Other | | | |  | | | **Yes/No**  (delete as required) | | | | Address: Phone: | | | |
| 3 | | Mr/Mrs/Ms/Miss/Other | | | |  | | | **Yes/No**  (delete as required) | | | | Address: Phone: | | | |
|  | | | | | | | | | | | | | | | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | |
| **DOCTOR** | | | | | | | | | | | | | | | | |
| Doctor’s Name: | | |  | | | | | | | Surgery Name: | | | |  | | |
| Surgery Address: | | |  | | | | | | | Surgery telephone: | | | |  | | |
| **DIETARY NEEDS –** *please tick all that are appropriate* | | | | | | | | | | | | | | | | |
|  | Artificial colour allergy | | | | | |  | Gluten Free | | |  | Kosher food only | | |  | No dairy produce |
|  | No nuts of any type/quantity | | | | | |  | No pork | | |  | Halal food only | | |  | Seafood allergy |
|  | Vegetarian | | | | | |  | No beef | | |  | Other (please specify) ………………………… | | | | |
| MEDICAL INFORMATION - *please tick all that are appropriate* | | | | | | | | | | | | | | | | |
| Including allergies, medication requirements: | | | |  | | | | | | | | | | | | |
|  | Multiple Sclerosis | | |  |  | | Diabetes | | | |  | Asthma | | |  | Eczema |
|  | Tuberculosis | | |  |  | | Epilepsy | | | |  | Arthritis | | |  | 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 medical information you feel we should be aware of? Please specify: | | | | | | | | | | | | | | | | |

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| **SIBLINGS** | | | | | | | | | | | | | | | | | | | |
| Information on other children in the family will only be used in relation to this application to the school or in support of our responsibilities to safeguard and promote the welfare of children. | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **DOB** | | | **School** | | | **Relationship** | | | | | | | **Position of this child in the family (i.e. if this child has one older and one younger sibling – write 2/3)** |
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| **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 **all** children are treated fairly and do well at school | | | | | | | | | | | | | | | | | | | |
| **ETHNICITY –** *Please tick one box only* | | | | | | | | | | | | | | | | | | | |
| White | | | | | | Asian or Asian British | | | | | | | | | Other | | | | |
|  | British | | | | |  | Indian | | | | | | | |  | | | Any other ethnic group | |
|  | Irish | | | | |  | Pakistani | | | | | | | | Chinese | | | | |
|  | Traveller of Irish Heritage | | | | |  | Bangladeshi | | | | | | | |  | | | Chinese | |
|  | Gypsy/Roma | | | | |  | Any other Asian background | | | | | | | |  | | |  | |
|  | Any other white background | | | | |  | Mixed | | | | | | | |  | | |  | |
| Black or Black British | | | | | |  | White & Black Caribbean | | | | | | | | |  |  | | |
|  | Caribbean | | | | |  | White & Black African | | | | | | | |  | | |  | |
|  | African | | | | |  | White & Asian | | | | | | | | | | | | |
|  | Any other black background | | | | |  | Any other mixed background | | | | | | | | | | | | |
| **WHAT IS YOUR CHILD’S RELIGION?** *Please tick one box only* | | | | | | | | | | | | | | | | | | | |
|  | | Christianity |  | [Sikhism](http://www.bbc.co.uk/religion/religions/sikhism/) | | |  | Judaism | | |  | | No Religion | | | | | | |
|  | | [Buddhism](http://www.bbc.co.uk/religion/religions/buddhism/) |  | Islam | | |  | [Hinduism](http://www.bbc.co.uk/religion/religions/hinduism/) | | |  | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **LANGUAGE -** *Collected by school for the Department for Education* | | | | | | | | | | | | | | | | | | | |
| **First Language** | | | | |  | | | | | **Second language** (if applicable) | | | |  | | | | | |
| **VISAS** *This information is important and will enable us to meet our children missing education responsibilities and to plan for any absences which may impact upon school attendance.* | | | | | | | | | | | | | | | | | | | |
| If your child is the subject of a visa to be in the UK please state: | | | | | | | | | | | | | | | | | | | |
| **Type of visa:** | | | | | | | **Expiry date:** | | | | | | | | | | | | |

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| **ADDITIONAL INFORMATION** | | | | | | | | | | | |
| **SPECIAL EDUCATIONAL NEEDS AND DISABILITY \*** *To assist the school in meeting its duties under The Equality Act 2010* | | | | | | | | | | | |
| Does your child have additional needs such as autism spectrum condition, dyslexia, dyspraxia, hearing impairment, visual impairment? If yes, please give details: | | | | | | | | | | | |
| Does your child have an Education Health & Care Plan? \* **Yes / No** (please circle) | | | | | | | | | | | |
| **HOW DO YOU NORMALLY TRAVEL TO SCHOOL** | | | | | | | | | | | |
|  | Dedicated School Bus |  | Walk |  | Car/Van | |  | Other | | | |
|  | Public Service Bus |  | Cycle |  | Car Share | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | Bus (type not known) |  | Taxi |  | Train | |
| **SERVICE CHILD INDICATOR –** *This information allows schools to apply for additional funding to help raise attainment.* | | | | | | | | | | | |
| Are either of the parents, service personnel serving in regular HM Forces? Yes / No | | | | | | | | | | | |
| **CARE STATUS -** *This information allows schools to apply for additional funding to help raise attainment.* | | | | | | | | | | | |
| Is your child looked after i.e. in the care of, or provided with accommodation by, an English local authority? | | | | | | | | | | | Yes / No |
| Has your child ceased to be looked after because of: | | | | | | Adoption | | | | Yes / No | |
|  | | | | | | A Special Guardianship Order | | | | Yes / No | |
|  | | | | | | A Child Arrangements Order | | | | Yes / No | |
|  | | | | | | A Residence Order | | | | Yes / No | |
| **MEALS – please tick as appropriate** | | | | | | | | | | | |
|  | Entitled to Free School Meal (If Known – See Section Below) | | | | | | |  | Paid School Meal  Packed lunch | | |

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| **SCHOOL HISTORY** | | | | |
| **PREVIOUS EDUCATION DETAILS \* (Most Recent First) – INCLUDING ELECTIVE HOME EDUCATION** | | | | |
| **School** | **Contact Details** | **Date of arrival**  **(dd/mm/yy)** | **Date of leaving**  **(dd/mm/yy)** | **Reason For Leaving** |
|  | **Address:**  **Telephone:** |  |  |  |
|  | **Address:**  **Telephone:** |  |  |  |
|  | **Address:**  **Telephone:** |  |  |  |
| **For pupils being admitted into Reception Year only, please include the number of terms spent in pre-school education, where known.** | | | |  |

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| **FREE SCHOOL MEALS** |
| To perform your Free School Meal eligibility check by visiting the FSM website at:    [**https://www.cloudforedu.org.uk/ofsm/southampton/**](https://www.cloudforedu.org.uk/ofsm/southampton/)    Please select the correct school name from the list on the second page of the online form. You will be advised immediately if you are eligible and, if you are, the school will be notified of this automatically – if you are not eligible regular checks will be performed and the school will be informed if there are any changes.  Registering for free meals could also raise an extra **£935** for your child’s secondary school, to fund valuable support like extra tuition, additional teaching staff or after school activities. This additional money is available from central government for every child whose parent is receiving one of the following benefits  **FAMILY INCOME AND BENEFIT DETAILS**  • Income Support  • Income-based Jobseekers Allowance  • Income-related Employment and Support Allowance  • Support under part 6 of the Immigration and Asylum Act 1999  • the guaranteed element of Pension Credit  • Child Tax Credit (with no Working Tax Credit)  • Working Tax Credit run-on  • Universal Credit. |

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| **CASHLESS PAYMENT SYSTEM** |
| At Regents Park Community College we operate a Cashless System for students to pay for trips and to purchase food and drink. The benefits of having such a system are:   * Discourages the misuse of school dinner money through spending in shops outside the school grounds * Alleviates many of the associated problems with the use of cash in schools e.g. loss, theft and/or bullying * Queuing times are reduced through increased speed of service * Automatic free meal allocation with the student remaining anonymous * Having control of their own accounts and teaching them important life skills   This is a system that incorporates the latest technology and eliminates the need to carry cash throughout the day, thus reducing the risk of bullying. Students are issued with a lunch card with their name on and each year group has a different coloured lanyard. The card works in the same way that a contactless card would in the shops.  ALL lunch payments need to be made online via SCOpay. You will be issued with an online payment letter, which contains a unique link code, in September. Trip payments can be made via SCOpay or by credit/debit card either at reception or over the telephone.  **Please note: We are unable to accept cash**  The default daily dining hall spending limit is **£5.00**,however, parents may opt for a lower default limit per day. If you wish to change this, please indicate this below.  I would like to change the system default limit of £5.00 per day and for my child to have a spending limit of:    £\_\_\_\_\_\_\_\_\_\_\_\_ (per day spending on food and drinks)  **Leaving this blank will be taken as acceptance of the default limit of £5.00.** |

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| **SIMS PARENT APP** |
| What you will find in the SIMS Parent App:   * Access to update your contact details, so we always have the most up-to-date information in case of an emergency * Access to attendance information, student timetable, achievement and behaviour information * If you have more than one child at school, you will have access to this information for all your children, from the same app. * School term and inset dates along with school contact details available at the click of a button   **Getting started with the SIMS Parent app**   1. Please confirm your email address below. We will then send an activation email to you, simply click on the link from your, tablet, PC or smartphone to activate your account. 2. You can then login using your normal **Facebook, Twitter, Google** or **Microsoft** username and password (providing you are registered with the same email address as provided below). 3. From your smartphone or tablet, download the app from the Google Play or Apple App store – search for **SIMS Parent**. 4. From your PC or Windows phone, login online at [www.sims-parent.co.uk](http://www.sims-parent.co.uk)   Please note that the activation email is unique to you and should not be used by anyone else. Your activation email will expire after 14 days if it is not used, please contact the school if you require a replacement after this date.  Parent Name:   |  | | --- | |  |   Please use the following email address:   |  | | --- | |  |   **If you would like an additional login (person must have parental responsibility), please provide details**  **below:**  Additional Parent Name:   |  | | --- | |  |   Additional Email address:   |  | | --- | |  | |

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| **GOOGLE CLASSROOM** | |
| At Regents Park we are continually seeking ways to support students’ learning and progress. Homework and independent learning are crucial to academic achievement. In order to support this aspect of our students’ learning - and in response to parental feedback - teachers will be setting homework and uploading resources through Google Classroom.  Google Classroom will support your child in organising homework, accessing support and revision materials and – in some cases – submitting assignments. Teachers can even mark work online and provide feedback. Parents will be more informed about what homework is being set and better equipped to support their children.  We are therefore seeking your permission to provide and manage a G Suite Education for your child. Google Classroom contains no adverts and never uses content or student data for advertising purposes. For more information on G Suite Education  In line with GDPR, if you do not provide consent, we will be unable to create a G Suite Education for your child, meaning that they miss out on valuable support which is available to them.  If you have any questions regarding G Suite for Education, then please contact the school.   * I give permission for Regents Park Community College to create and maintain a G Suite for Education account for my child and for Google to collect, use and disclose information only for the purposes explained above. | |
| **ACCEPTABLE USE OF THE SCHOOL’S ICT FACILITIES AND INTERNET: AGREEMENT FOR STUDENTS AND PARENTS/CARERS** | |
| **When using the school’s ICT facilities and accessing the internet in school, I will not:**   * Use them for a non-educational purpose * Use them without a teacher being present, or without a teacher’s permission * Use them to break school rules * Access any inappropriate websites * Access social networking sites (unless my teacher has expressly allowed this as part of a learning activity) * Use chat rooms * Open any attachments in emails, or follow any links in emails, without first checking with a teacher * Use any inappropriate language when communicating online, including in emails * Share my password with others or log in to the school’s network using someone else’s details * Bully other people   I understand that the school will monitor the websites I visit and my use of the school’s ICT facilities and systems.  I will immediately let a teacher or other member of staff know if I find any material which might upset, distress or harm me or others.  I will always use the school’s ICT systems and internet responsibly.  I understand that the school can discipline me if I do certain unacceptable things online, even if I’m not in school when I do them. | |
| Signed (Student): | Date: |
| **Parent/carer agreement:** I agree that my child can use the school’s ICT systems and internet when appropriately supervised by a member of school staff. I agree to the conditions set out above for students using the school’s ICT systems and internet, and for using personal electronic devices in school, and will make sure my child understands these. | |
| Signed (Parent/carer): | Date: |

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| **IMAGE CONSENT AND MEDICAL INFORMATION** |
| **Consent for taking images**  During educational visits and extra-curricular activities, we are likely to take pictures and videos. We would like to use these in presentations, displays, our own booklets, newsletters, publicity, our School website, Twitter or Facebook.  In the event of any images of my child being taken:   |  |  |  | | --- | --- | --- | | I consent to the images and/or my child’s full name being used for educational purposes within school | Yes | No | | I consent to the images being used on the School website and/or external publications (eg Newsletters) | Yes | No | | I consent to the images being used on the School Twitter Account | Yes | No | | I consent to the images being used on the School Facebook Account | Yes | No | | I consent to my child’s full name being used on the School website and/or external publications (eg Newsletters) | Yes | No | | I consent to my child’s full name being used on the School Twitter Account | Yes | No | | I consent to my child’s full name being used on the School Facebook Account | Yes | No |   **Educational Visit Consent and Medical Information**  Has the student had any of the following?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Asthma or bronchitis | Yes | No | Allergies to any known medication | Yes | No | | Heart Condition | Yes | No | Any other allergies | Yes | No | | Fits, fainting or blackouts | Yes | No | Other illness or disability | Yes | No | | Severe headaches | Yes | No | Travel sickness | Yes | No | | Diabetes | Yes | No | Regular Medication | Yes | No |   If the answer to any of these questions is Yes, please give details, continue on a separate sheet if required:       |  |  |  | | --- | --- | --- | | If it is considered necessary, do you agree to mild painkillers (e.g. Paracetamol) being administered?  *If so, painkillers must be provided prior to any visit.* | Yes | No | | Has the student received vaccination against Tetanus in the last 10 years? | Yes | No | | Is the participant receiving medical or surgical treatment of any kind from either your family doctor or hospital | Yes | No | | Has the participant been given specific medical advice to follow in emergencies? | Yes | No |   If the answer to either of the last two questions is yes, please give details here, (Including dosage of any medicines/tablets).      I confirm …………………..................… is in good health and I consider him/her to be capable of taking part in School activities. I understand I will receive written notification prior to any activity.   * In the event of any illness or medical treatment occurring after the return of this form, and prior to any activity, I undertake to   inform the School.   * In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. |

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| **VISITS AND OFF SITE ACTIVITIES CODE OF CONDUCT** |
| During visits organised by the school, your son/daughter is a representative of Regents Park Community College and will be expected to uphold the school’s standards at all times. We expect him/her to behave at all times by being helpful, sensible and remembering that others will be judged by his/her actions.  **Key Points**:   * Instructions given by staff, adult helpers and the venue staff at each visit must be followed at all times. * Alcohol, cigarettes and illegal substances are prohibited at all times. * Mobile phones, iPods, MP3 players etc. are not necessary but if they are taken, the school staff have no responsibility for the safekeeping of them. * Punctuality is essential – students must plan their time accordingly in order to comply with the organised meeting times.   **Any serious misbehaviour may result in the student being prevented from participating in any further educational visits and further sanctions will be taken upon return to school.** |

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| **VISITS AND OFF SITE ACTIVITIES PERMISSION** |
| * I give permission for my child, to take part in any and all off site school visits and organised activities (other than residential or visits abroad). * If required, I give permission for my child to be given first aid or urgent medical treatment during any school trip or activity. * I am aware that the school’s Education Visits and Journeys Policy is strictly adhered to and that educational visits are organised with particular attention to health and safety. However, I understand that there can be no absolute guarantee of safety. * I understand that I will be informed of the exact details of each individual visit by a parent letter. * Where a visit finishes after the end of the school day I will indicate on the individual permission form whether they are able to make their own way home or whether they will be collected. * I understand that it is my responsibility to inform the school of any changes in my child’s medical or dietary circumstances and any change in my contact details occurring before any visit. * I understand that a separate Permission Form will be required for any residential visit or visit abroad. * I understand that I can, if I wish, inform the school that I do not want my child to take part in any particular school visit or off site activity. |

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| PRIVACY NOTICE |
| Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.  The Council may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically and will be used for the purpose of its involvement in giving support and advice in relation to the child/young person as specified above.  More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available onli[ne (http://www.southampton.gov.uk/privacy](http://www.southampton.gov.uk/privacy)), or on request. |
| PARENTAL DECLARATION |
| DATA PROTECTION STATEMENT: |
| What happens to your personal information?  The purpose of this form is to collect data for further processing within the school/LA systems. By signing this form, you understand that the school/LA will process the data in the exercise of their statutory duties. The data will be processed in accordance with the purposes notified by the school/LA to the Information Commissioner's Office and specified on our Privacy Notice. Both the school and the LA are subject to data protection legislation. 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 and, as per the Privacy Notice, it may be used in support of our responsibilities to safeguard and promote the welfare of children. Schools cannot enrol a child and create an admission register without certain information, contained on this form.  The statutory guidance Working Together to Safeguard Children 2018 applies to all schools and states that “Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children’s social care.” Further, it states that information should be shared in a timely manner.  The statutory guidance Keeping Children Safe in Education 2019 applies to all schools and requires child protection records to be transferred to a new school or college as soon as possible. It also allows for a Designated Safeguarding Lead to consider the sharing of information with a new school or college in advance of a child leaving to ensure appropriate support is in place for when a child arrives. |
| **DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:** |
| I declare the above information to be correct to the best of my knowledge at the time of completion.  I understand that I must notify the school of any change in my child’s circumstances.  I understand that the school will transfer child protection and child welfare records to any new education provider in accordance with Keeping Children Safe in Education 2019.  **Signed: Date:**  **Relationship to child:** |

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| **MODERN FOREIGN LANGUAGE CHOICE** |
| Students who attend Regents Park will study either French or Spanish. They will continue with this language throughout their time at the school in order to maximise their progress in the subject.  Therefore, we would like you to state a preference of language for your son/daughter. We will do our best to accommodate the preference, but we must also inform you that due to staffing, we cannot guarantee the study of the preferred language. Any student who does not return a form will be allocated either French or Spanish.  Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I would prefer my son/daughter to study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |