

# PUPIL REGISTRATION FORM [*CONFIDENTIAL*]

TO BE RETURNED TO THE ALLOCATED SCHOOL



**Brighton & Hove  
City Council**

Name of School: .....

All schools are required by law to keep on record details of children admitted. This information also helps us to support your child within our school community. Please complete this form in **BLOCK CAPITALS** and hand it into the school office when accepting your child's place. **If your child is starting Primary education for the first time their birth certificate should be presented to the school for a copy to be placed on their file.**

## PUPIL DETAILS

Legal Family Name:	Legal Forename:
Middle Name(s):	
Preferred Family Name:	Preferred Forename:
Sex: Male / Female <i>(delete as applicable)</i>	Date of Birth:

## ADDRESS DETAILS

Home	Second / Other Home
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>(delete as applicable)</i> : Term Time / Overseas / Other

If the child's residence at the present address (whether living with parents or any other person) is temporary, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason: _____	Dates Applicable: _____
Name: _____	
Address: _____	
_____	

## CONTACTS

<b>Parent/Carer: Mr/Ms/Mrs/Miss/Other</b>				<b>Parent/Carer: Mr/Ms/Mrs/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>												
<b>Post Code:</b>				<b>Post Code:</b>												
<b>Date of Birth*:</b>	DD	MM	YY	<b>Date of Birth*:</b>	DD	MM	YY									
<b>National Insurance or NASS Number*:</b>								<b>National Insurance or NASS Number*:</b>								
<p>*This information will be used by the council to check for eligibility to claim additional funding for the school to support eligible pupils. It will not be used for any other purposes and will remain confidential to the council.</p>																
<b>Tel Nos:</b>	Home:			<b>Tel Nos:</b>	Home:											
	Mobile:				Mobile:											
e-mail:				e-mail:												
<b>Work:</b> (Days /hours worked info is for emergency contact use) Address:				<b>Work:</b> (Days /hours worked info is for emergency contact use) Address:												
Tel No:				Tel No:												
Days/hours worked:				Days/hours worked:												
Priority to contact in an emergency: 1st 2nd 3rd 4th 5th				Priority to contact in an emergency: 1st 2nd 3rd 4th 5th												
Parental Responsibility: <b>YES / NO</b>				Parental Responsibility: <b>YES / NO</b>												
Relationship to child:				Relationship to child:												
Who does the child live with?																
Please attach a copy of any court orders relating to your child that the school should be aware of. Please tick if attached <input type="checkbox"/>																

### OTHERS WITH PARENTAL RESPONSIBILITY (AS DEFINED BY EDUCATION ACT 1996)

Parental responsibility may be shared between a number of people other than 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:		Mobile:

**Is the child living with foster parents: YES /NO** (delete as applicable)

If 'yes'; which Local Authority is financially responsible for maintenance?

\_\_\_\_\_

**Is your child privately fostered** (this means living with someone who does not have legal parental responsibility for a period of 28 days or more): **YES / NO**

### ADDITIONAL EMERGENCY 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	Priority to contact in an emergency 1 2 3 4 5	Parental responsibility <b>YES / NO</b> <i>(delete as required)</i>	Daytime address and telephone number <i>(if same as child's 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

#### DOCTOR'S INFORMATION

**Surgery Name, Address & Telephone No:**

**Doctor's name:**

#### SPECIAL DIETARY NEEDS: Please tick which apply

- |  |                                      |                                 |   |
|--|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten free | <input type="checkbox"/> Kosher | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> Nut allergy               | <input type="checkbox"/> Vegetarian  | <input type="checkbox"/> Halal  | <input type="checkbox"/> Seafood allergy  |
| <input type="checkbox"/> Other (please specify)    |                                      |                                 |   |

#### MEDICAL INFORMATION: Please tick which apply

- |                                    |   |  |                                 |
|------------------------------------|---|--|---------------------------------|
| <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"/> Other please specify: |                                 |

If your child uses an inhaler, is it carried on their person?

**YES / NO** *(delete as required)*

#### SPECIAL EDUCATIONAL NEEDS AND DISABILITY INFORMATION:

**Does your child to have Special Educational Needs?: YES / NO** *(delete as required)*

If 'yes' please give details:

**Do you consider yourself or your child to have a disability?: YES / NO** *(delete as required)*

If 'yes' please give details:

**Have any other services (i.e. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit) been involved with supporting your child? YES / NO**

If yes, please list which service(s) here:

**Other children in the family** (This information will only be used in relation to this submission to the school): **Names, relationship to child, age, current school**

**What is the position of the child this form refers to, in the family? (i.e. if this child has one older & one younger sibling – write 2/3)**

## MONITORING INFORMATION

Please complete the following. We want to make sure that **all** children are treated fairly and do well at school and this information will help us to monitor this and plan curriculum to meet their needs. Many of these categories are required by the Department for Education. We hope all families will complete this information to help us support their children, but you have the right to refuse to provide some or all of this information. If this is the case, please tick the refused box.

### ETHNICITY - please tick which applies

<p><b>White</b></p> <p><input type="checkbox"/> White - British</p> <p><input type="checkbox"/> White- Irish</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> White - Eastern European</p> <p><input type="checkbox"/> White - Western European</p> <p><input type="checkbox"/> White other</p> <p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>	<p><b>Mixed</b></p> <p><input type="checkbox"/> White &amp; Black Caribbean</p> <p><input type="checkbox"/> White &amp; Black African</p> <p><input type="checkbox"/> White &amp; Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p><b>Black or Black British</b></p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black - African</p> <p><input type="checkbox"/> Any other Black background</p>	<p><b>Chinese</b></p> <p><input type="checkbox"/> Chinese</p> <p><b>Other</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Iranian</p> <p><input type="checkbox"/> Kurdish</p> <p><input type="checkbox"/> Other ethnic group</p> <p><input type="checkbox"/> Refused</p>
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**Asylum Seeker/Refugee:** please tick the box if this applies. If you do not want to supply this information please write 'refused' here:

### RELIGION - please tick which applies

<input type="checkbox"/> No Religion	<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="checkbox"/> Refused	<input type="checkbox"/> Other – please specify here:	

### CHILD'S FIRST LANGUAGE - please tick which applies

<p><input type="checkbox"/> Albanian / Shqip</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Bengali</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> German</p> <p><input type="checkbox"/> Hindi</p> <p><input type="checkbox"/> Greek</p> <p><input type="checkbox"/> Hungarian</p>	<p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Lithuanian</p> <p><input type="checkbox"/> Pashto / Pakhto</p> <p><input type="checkbox"/> Persian / Farsi</p> <p><input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Romanian</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Spanish</p>	<p><input type="checkbox"/> Slovak</p> <p><input type="checkbox"/> Tagalog/Filipino</p> <p><input type="checkbox"/> Turkish</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Other – please specify here:</p>
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Please provide any additional information which you feel may be relevant to support your child at this school:

### ADDITIONAL INFORMATION

#### TRAVEL TO SCHOOL

- |                                    |                                |   |
|------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Cycle     | <input type="checkbox"/> Car   | <input type="checkbox"/> Bus - public           |
| <input type="checkbox"/> Taxi      | <input type="checkbox"/> Walk  | <input type="checkbox"/> Bus - school           |
| <input type="checkbox"/> Car Share | <input type="checkbox"/> Train | <input type="checkbox"/> Other – please specify |

#### Children of service personnel

Service child: please tick the box if this applies.

## SCHOOL HISTORY (for parents / carers to complete)

### PREVIOUS EDUCATION DETAILS (Most Recent First)

School / Pre-School Name	Contact Details	Date of entry (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address:  Telephone:			
	Address:  Telephone:			
	Address:  Telephone:			
<i>For pupils being admitted into <b>the Reception Year only</b>, please include the number of terms spent in pre-school education if known</i>				

1

### PARENTAL DECLARATION

#### DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within the school/LA systems. Your signature on this form implies your consent for the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Protection Commissioner's office and is 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.

#### 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 agree to notify the school of any change in my child's circumstances.

I agree to my child having dental, medical, hearing and nursing examinations or inspections. I understand that the headteacher must be informed of any conditions which might affect my child's education.

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

### A Message from NHS England:

*Please make sure that your child is up to date with all their routine immunisations before joining school. If you are not sure if your child has had all their routine vaccinations, check their personal health record (Red Book) or contact the GP surgery. The pre-school immunisations – often called pre-school boosters – will update or top up your child's level of antibodies (which their bodies produce to fight off disease and infection) and help to keep them protected. Protection (immunity) against diphtheria, tetanus, whooping cough and polio from the immunisations given to babies can fade over time. Sometimes, complete immunity to measles, mumps or rubella does not develop after a single dose of the MMR vaccine – so this gives them a second chance. Measles cases are rising in England – all children starting or returning to school are at risk of catching measles if they are not fully protected.*

*For more information, please see [Pre-school immunisations - a guide to vaccinations](#) and [The complete routine immunisation schedule from January 2026](#).*

#### FOR SCHOOL USE ONLY (save record to generate information)

Registration Group: _____	House: _____
* NC Year: _____ am/pm (if Nursery)	* Year Taught in: _____
* Enrolment Status: _____	Boarder Status: _____
* Admission Date: _____	Admission No: _____
Birth Certificate seen: <i>(Infant/Combined Schools only)</i>	<i>*required fields for SIMS</i>

**Please return this form to the Head teacher of the allocated school**