



**Blackpool
Gateway
Academy**

Child's first name(s): _____ Legal Surname: _____

Name known as: _____

Child's full address:

_____ Postcode: _____

Male Female Date of birth: _____ Birth certificate seen: Yes No

Please give details of the last school /nursery that your child attended:

Name: _____ Telephone
number _____

Address _____

Postcode _____ Dates attended from: _____ to: _____

Reason for leaving:

Please select one of the following lunch provision options:

Packed Lunch

School Meal

Free School Meal

Providing the following details will ensure your eligibility for free school meals can be automatically updated on our system if you have a change of circumstances. You will be notified of this by email if you provide an email address on the next page.

National Insurance Number: _____ Relationship to child: _____

If your child has any special dietary requirements, please give details below:

I do **not** want my child to receive fluoridated milk at school (please see enclosed leaflet for details).

A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either:

- married to the child's mother
- listed on the birth certificate (since 2003 in England and Wales)

Mother's Details (biological)

Mrs/Miss/Ms/Other: _____ Surname: _____ Maiden Name: _____

First name(s): _____ DOB: _____

Address (if different from child): _____

If less than 3 years at current address, please let us know your previous address:

Contact number (home): _____ (mobile): _____

Email address: _____

Parental responsibility? Yes No If no, please explain: _____

Court Order? Yes No If yes, please explain: _____

Other relevant information: _____

Father's Details (biological)

Surname: _____ First name(s): _____ DOB: _____

Address (if different from child): _____

If less than 3 years at current address, please let us know your previous address:

Contact number (home): _____ (mobile): _____

Email address: _____

Parental responsibility? Yes No If no, please explain: _____

Court Order? Yes No If yes, please explain: _____

Other relevant information: _____

Significant Adult 2 (Guardian/Step Parent/Partner)

Mr/Mrs/Miss/Ms/Other: _____ Surname: _____ Maiden Name: _____

First name(s): _____ DOB: _____

Address (if different from child): _____

If less than 3 years at current address, please let us know your previous address:

Contact number (home): _____ (mobile): _____

Email address: _____

Parental responsibility? Yes No

Court Order? Yes No

Other relevant information: _____

Siblings (Aged 0-18)

| Name | DOB | Current School / Nursery |
|------|-----|--------------------------|
| | | |

Please provide 3 emergency contacts below (must be over the age of 14 years old)

(will only be contacted if parents/carers unavailable)

1st contact

Surname: _____ First name(s): _____

Relationship to child: _____ Contact number: _____

Authorised to collect from school? Yes No

2nd contact

Surname: _____ First name(s): _____

Relationship to child: _____ Contact number: _____

Authorised to collect from school? Yes No

3rd contact

Surname: _____ First name(s): _____

Relationship to child: _____ Contact number: _____

Authorised to collect from school? Yes No

Medical Arrangements- Please give details of any medical condition we may need to be aware of such as Asthma, fits / convulsions and allergies. If appropriate, please also include a list of any medication the child is regularly prescribed.

(Please circle any of the following which affects your child)

Wears glasses Hearing Problem Speech Problem Diabetes Asthma Eczema

Epilepsy Blood Disorder Toileting Fits or convulsions Mobility Issues

Other please give details _____

Prescribed Medication:

| Name of Medication | Condition Prescribed For | Required in School (Yes / No) |
|--------------------|--------------------------|-------------------------------|
| | | |

Name of Doctor's Surgery : _____ Tel: _____

Address: _____

Emergency Consent

If your child requires emergency first aid treatment by qualified staff at school, or requires emergency medical treatment at hospital and we are unable to contact you, please sign below to give permission to proceed with the necessary treatment.

I give permission for my child _____ to receive First Aid on the premises or in an emergency, be taken to hospital for treatment.

Signed: _____ Relationship to child: _____

Special Education Needs

Does your child have an Educational Health Care Plan? Yes No

Is your child under a Paediatrician? Yes No

If yes, please give the name of the Paediatrician: _____

Please give information regarding any support your child may need in school:

Ethnicity and culture

Please note: A person's ethnic group describes how they see themselves. This may be based on many things, including, for example, their skin colour, language, culture, ancestry or family history. ***Ethnic group is not the same as nationality.***

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- Chinese

Black or Black British

- Caribbean
- African
- Any other Black background

Country of Birth: _____

Nationality: _____

Home Language: _____

English as a second language: Yes No

Religion: _____

Parental consent

This part of the form is where we ask for parental/guardian permission. Please read carefully and give your permission where you feel appropriate. Permissions are valid from the date you sign until your child leaves our school unless you wish to withdraw your consent. To do this, you must inform us in writing.

Food Tasting

As part of the curriculum, we often taste and explore a variety of foods. We need parental authorisation for children to take part in food tasting sessions that we may hold in school. Please make sure you have given details of any allergies on the first page of this form.

I give permission for my child to take part in food tasting sessions: Yes No

School Visits

As part of the curriculum, classes may need to use the local area to support their learning. Rather than requesting permission on a per outing basis, we would like permission for your child to attend these outings when necessary. This consent will cover outings taking part within school hours, either on foot or using the school minibus. These outings will of course be appropriately staffed.

I give permission for my child to participate in visits to the local area: Yes No

Using the Internet

As part of the curriculum, your child may be provided with computing equipment and access to the internet. This access would be under adult supervision and children will only be asked to access age appropriate material.

I give permission for my child to access the internet when necessary in school: Yes No

Data Protection

To comply with the Data Protection Act 1998, we need permission to photograph or make any recordings of your child. **All photographs used will be unidentified or identified by first name only unless otherwise stated.**

I give permission for my child's photograph to be.....

taken for reception class photograph, published in local newspaper: Yes No

taken for annual individual photographs sold only to myself: Yes No

taken for annual class photographs sold to all parents of class: Yes No

taken as evidence of their learning (kept in school for assessment): Yes No

used for displays in school: Yes No

used for school publications given to other parents eg newsletter: Yes No

used for school publications given to members of the public: Yes No

used on class dojo visible by class parents: Yes No

used on the school website: Yes No

