

Student Registration Form

School details - to be completed by the school office

Date of admission: _____ **Admission no:** _____
House: _____ **Tutor group:** _____

When your child joins Blaise it is vital that we have certain information that will help us to ensure that they are cared for to the best of our ability. Some of this information enables us to contact you easily on matters of concern to us, some helps us to look after your child while they are in school and some (Student Details) are required by law.

Student details – Please complete this form in full. If the space provided is not sufficient in any section please attach a separate sheet. If you have any queries when completing the form, please contact the admissions officer.

Surname: _____ **Forename:** _____
Middle name(s): _____ **Gender** (please tick): Male Female
Date of birth: _____
Address: _____

_____ **Post code:** _____

Parents' details

Please note: That being a step parent does not automatically grant parental responsibility.

Parent/carer: Title: _____ **Forename:** _____
Surname: _____
Relationship to student (eg mother/father, stepmother/stepfather, foster mother/father, guardian): _____
Address (if different from the student): _____

_____ **Post code:** _____
National Insurance Number (this enables us to check your child's eligibility for Free School Meals and Pupil Premium Funding): _____

Date of birth: _____
Home tel no: _____
Mobile tel no: _____
Work tel no: _____
Email: _____
Do you have parental responsibility for the student?
(please tick) Yes No

Parent/carer: Title: _____ **Forename:** _____
Surname: _____
Relationship to student (eg mother/father, stepmother/stepfather, foster mother/father, guardian): _____
Address (if different from the student): _____

_____ **Post code:** _____
National Insurance Number (this enables us to check your child's eligibility for Free School Meals and Pupil Premium Funding): _____

Date of birth: _____
Home tel no: _____
Mobile tel no: _____
Work tel no: _____
Email: _____
Do you have parental responsibility for the student?
(please tick) Yes No

Correspondence – Please confirm how you would like us to address letters, reports, etc.

Mr & Mrs/ Mr/Mrs/Miss/Ms/Other _____ **Initials:** _____ **Surname:** _____

Names of sibling(s) currently at Blaise

Name: _____

Tutor group: _____

Name: _____

Tutor group: _____

Name: _____

Tutor group: _____

Special family circumstances – in the space below, please give any information regarding the student's family circumstances that you think the school should know. In particular it is useful for us to know:

This information helps the school to establish whether it can apply for additional funding or support and also ensures that we are compliant with the Safeguarding Children in Education Act (2002).

Is the student adopted, have they ever been a Looked After Child, or been subject to a Special Guardianship Order. If yes, please give details:

The name and telephone number, if applicable, of any allocated social worker:

The name and address of a non-custodial parent who wishes to receive information about the student's progress:

Any details regarding restricted access arrangements following custody proceedings (if either parent is denied access a copy of the court papers must be attached to this form):

Has your family ever had any other agencies working with you (such as CAMHS, the borough, school attendance, SEN)? If yes, please give details:

Is the student a young carer, eg a member of their family has a disability or ASD? If yes, please give details:

GP details – Please provide information regarding your child's General Practitioner (GP)

Name of GP: Dr _____

Name of surgery: _____

Surgery address: _____

Post code: _____

Surgery telephone number: _____

Emergency telephone numbers

In the event of parent(s) being unavailable, please give details of other responsible adults who we can contact in the event of an emergency. You should notify the contacts listed to inform them that we hold their details and that they will not be used for any other purpose.

Emergency contact 1

Name: Mr/Mrs/Miss: _____

Initial: _____ Surname: _____

Tel no: _____

Relationship to student: _____

Emergency contact 2

Name: Mr/Mrs/Miss: _____

Initial: _____ Surname: _____

Tel no: _____

Relationship to student: _____

Are there any medical conditions that the school should be made aware of?

Please tick: Yes No **If yes, please give details below, including details of any regular medication required:**

Ethnic background

Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background

White

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

Black or Black British

- Black African
- Black Caribbean
- Any other Black background

Mixed

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

Any other ethnic group

I do not wish an ethnic background category to be recorded

First language

We are required to collect information about each student's first language. This is the language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

If your child's first language is a language other than English, please record this language below. The question is not about how well your child speaks English. You can ask to check the information about your child's first language at any time and, if you wish, to have information changed or removed. To help we have listed below the 20 most frequently recorded first languages in schools.

* please indicate which form of language in the space provided.

Arabic* _____

Bengali* _____

Bulgarian _____

Chinese* _____

English _____

Farsi/Persian* _____

French _____

Gujarati _____

Hindi _____

Korean _____

Lingala _____

Kurdish _____

Polish _____

Portuguese _____

Russian _____

Serbian/Croatian/Bosnian* _____

Somali _____

Tamil _____

Turkish _____

Urdu _____

Other (block capitals please): _____

If you do not wish us to hold this data about your child please tick this box

Religion

Student's religion (block capitals please): _____

If you do not wish us to hold this data about your child, please tick this box

Are either of you (student's parents) a member of the armed forces?

Please tick: Yes No

Is your child currently entitled to a free school meal

Please tick: Yes No

Usual mode of travel

Please tick the relevant box detailing student's usual mode of travel to school. (NB Please tick only one box.)

If the student uses more than one mode of travel the longest element of the journey by distance should be recorded.

- Bus (type not known)
- Car
- Car share (with child/children)
- Car/van
- Cycle
- Dedicated school bus
- Other
- Public bus service
- Taxi
- Train
- Walk

Previous school

Name of school: _____

Address: _____

Post code: _____

Telephone no: _____

Assessment and data

In line with our on-going commitment to monitor your child's learning as they progress throughout the school, we administer a number of tests on entry, the results from which are used to determine whether any further intervention is necessary to support your child's learning needs.

Further assessments may be necessary at Key Stage 4 to determine whether an application for access arrangements for examinations should be made to the exam boards. The application will be processed in line with the common standards, regulations and guidance developed for GCSE and GCE qualifications by the Joint Council for Qualifications (JCQ) and the participating awarding bodies (currently AQA, CCEA, Edexcel, OCR and WJEC). Opportunity for feedback on test results will be given to the students concerned and their parent/guardian. These measures will only be taken if it is appropriate to your child's learning needs.

Please indicate your consent for us to administer the assessment tests and to share your child's data with the appropriate bodies, by signing the declaration below. All test materials, results and individual reports are held in accordance with the Relevant Data Protection legislation. These will be held securely for a period of 25 years from the date of birth (or for 35 years in the case where a student has a statement for their educational needs), after which time they will be destroyed. We will not use the data for any other purpose without the permission of the student to whom it refers, unless authorised by law to do so. If your child is aged 13 years or over, consent needs to be given by the child not the parent/guardian (according to GDPR regulations).

Please tick here: Yes, I agree for the assessments to be administered
 No, I do not agree for the assessments to be administered

Photographs and video

The school is part of the Greenshaw Learning Trust. The school/trust may use photographs and videos of your child for educational and promotional purposes, both within school, in school/trust publications (such as on the school/trust media sites).

If your child is aged 13 years or over, consent needs to be given by the child, not the parent/guardian (according to GDPR regulations).

Please tick here:	YES	NO
In school/trust publications (eg newsletter)	<input type="checkbox"/>	<input type="checkbox"/>
In school/trust marketing material (eg school prospectus)	<input type="checkbox"/>	<input type="checkbox"/>
On the school/trust website	<input type="checkbox"/>	<input type="checkbox"/>
On the school/trust's social networking platforms (Facebook and Twitter)	<input type="checkbox"/>	<input type="checkbox"/>
Shared with third parties for their own journalistic purposes (eg press releases sent to local/national media)	<input type="checkbox"/>	<input type="checkbox"/>

You have the right to withdraw your consent at any time by contacting the school office.

Declaration: The person who has given consent in the three sections above must complete the declaration below

Signature of parent/guardian/child: _____ **Date:** _____

Name of parent/guardian/child (block capitals please): _____

Relationship to the student (if parent/guardian): _____

School visit consent form

I agree for my child to:

- a) Take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include:
 - all visits (including residential trips) which take place during the holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures outside the school day.
- We will send you information about each trip or activity before it takes place.
- You can, if you wish, tell us that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by Blaise High School, for example year-group visits to local amenities, as such activities are part of the school's curriculum and usually take place during the normal school day.

Please tick here: **Yes, I agree**

No, I do not agree

Medical information

Please supply details of any medical condition that your child suffers from that the trip leader should be aware of and of any medication that your child should take during off-site visits.

Parent/carer's name (please use block capitals): _____

Signature (please sign): _____

Date: _____

Blaise High School – rules for responsible ICT use

Blaise is highly committed to providing students with a quality educational experience in all areas of the curriculum, including information technology. Our investment in computer software and equipment is substantial. In order to protect this investment and provide the best education possible, all students using computers agree to the following conditions of use.

Computer rules

- I will handle all of the computer equipment carefully and responsibly.
- I will report any damage of equipment to the teacher.
- I will not use any disks, DVDs or CDs in the school equipment without express permission of the teacher.
- I will not connect any hardware, including memory sticks, to the school equipment without the express permission of the teacher.

Internet rules

- I will only use the Internet when supervised by a teacher or adult.
- I will not enter any chat rooms.
- I will not send anyone my picture without permission from my teacher/parent/carer.
- I will not give my password to anyone else and I will always log off when I have finished using the computer.
- I will never respond to unpleasant, suggestive or bullying e-mails or information on social networks, and I will report any such images I find to my teacher.
- I will not look for bad language or distasteful images while I am online and I will report any such images I find to my teacher.
- I realise that my teacher and the Internet Service Provider will check the sites I have visited.
- I understand that I can only access sites and material relevant to my school work unless otherwise told by my teacher.
- I understand that the contents of my e-mail messages will be monitored by the school.
- I may not download software from the Internet (including screen savers, games, video clips, audio clips, and exe. files).
- I will not use e-mail to send or encourage material which is pornographic, illegal, offensive or annoying or invades another person's privacy.
- I will not engage in any activity for profit on the school equipment.
- I will not eat or drink in ICT rooms.

Internet and email use declaration

Student's signature: _____ **Date:** _____

Parent/carer's signature: _____ **Date:** _____



Please return the completed form to the Admissions Officer,
Blaise High School, Station Road, Bristol BS10 7QH.
If you have any queries, please telephone 0117 9030100, or email info@blaisehighschool.co.uk