



**Mid-Trent**  
Multi Academy Trust



## St Peter's Church of England Primary School

Church Lane, Hixon, Stafford, ST18 0PS

Tel: 01889 270233

Website: [www.st-peters-hixon.staffs.sch.uk](http://www.st-peters-hixon.staffs.sch.uk)

### PUPIL REGISTRATION FORM

Please complete this form referring to the notes  
on the reverse of this sheet as required.

The information provided to the school will help to ensure that  
all parents receive their legal entitlement regarding their child's education.

It will also help the school to safeguard and promote the welfare of all children.

## NOTES OF GUIDANCE:

- Children should be registered by the surname on their birth certificate UNLESS their name has been legally changed. 'Known by' names should be shown after the legal names and in brackets, e.g. Smith (Jones). ALL those with 'parental responsibility' (see 'estranged families') should consent to a change in "Known by" name if at all possible.
- Personal Details
- Medical Details
- Ethnicity: The following tables indicate ethnic backgrounds:

White		Black or Black British	
WHB	British	BLB	Caribbean
WHR	Irish	BLF	African
WHT	Traveller of Irish Heritage	BLG	Any other black background
WRO	Gypsy/Roma	CHE	Chinese
WHA	Any other white background		

Mixed		Asian or Asian British	
MWB	White & Black Caribbean	AIN	Indian
MBA	White & Black African	APK	Pakistani
MWA	White & Asian	ABA	Bangladeshi
MOT	Any other mixed background	AAO	Any other white background
OEA	Any other ethnic background		
REF	I do not wish an ethnic background category to be recorded		

National Identity
English
Irish
Scottish
Welsh
Other
Refused

- Language.
- Please give the names of ALL parents AND anyone who is not an actual mother/father but who lives with the child and helps to bring them up.
- Court orders.
- Please list additional contacts in order of priority. Please state relationship to child (see below) and indicate Mr/Mrs/Miss/Ms:
 

GRP = Grandparent      STP = Partner of mother/father, living with child  
REL = Relative          CON = Other contact persons  
FOS = Foster Carer
- Please put Y (yes) or N (no) against EACH PERSON to show who has 'parental responsibility' under the Children Act 1989. These are the people with legal authority for the child.
  - **MARRIED/SEPARATED/DIVORCED** parents - BOTH have parental responsibility even if they do not live with the child.
  - **UNMARRIED** parents – ONLY the mother has it unless the father has obtained it by agreement or court order.
  - **OTHER PEOPLE** – only have parental responsibility through court orders etc. (Step parents do not have it automatically but are still 'parents' while they live with the child. There may, however, be times when the signature of those with parental responsibility will be required.)
  - Please put a ✓ against EACH PERSON to show if there are any court orders which affect their relationship with the child (e.g. custody/residence/prohibited steps orders etc). Please attach details if applicable.

**PUPIL DETAILS:**

Name of Child (in full): \_\_\_\_\_ (known as) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *(Please attach a copy of your child's Birth Certificate)*

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Previous School *(if applicable)*: \_\_\_\_\_

**PARENT/CARER DETAILS:**

**Name (Contact 1):** \_\_\_\_\_ (Mr/Mrs/Miss)

Relationship to Child: \_\_\_\_\_ Parental Responsibility: \_\_\_\_\_ (yes/no)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Work: \_\_\_\_\_

**Name (Contact 2):** \_\_\_\_\_ (Mr/Mrs/Miss)

Relationship to Child: \_\_\_\_\_ Parental Responsibility: \_\_\_\_\_ (yes/no)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Work: \_\_\_\_\_

**ESTRANGED FAMILIES:**

Name of Estranged Person: \_\_\_\_\_ (Mr/Mrs/Miss)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**COURT ORDERS:**

Are there any court orders relating to your child? \_\_\_\_\_ (yes/no)

Are there any court orders relating to parental contact arrangements? \_\_\_\_\_ (yes/no)

*(If 'yes' please detail on reverse, ie court dates and description of order)*

**MEDICAL DETAILS:**

Name & Address of G.P: \_\_\_\_\_ Tel No: \_\_\_\_\_

Does your child have any known medical conditions of which the school should be aware? \_\_\_\_\_ (yes/no)

Please give brief details: \_\_\_\_\_

**ETHNICITY:**

Ethnicity:  (please refer to Guidelines Notes No 4 for options) Religion: \_\_\_\_\_

First Language: \_\_\_\_\_ Country Of Birth: \_\_\_\_\_

Home Language: \_\_\_\_\_ English Additional Language: \_\_\_\_\_ (yes/no)

National Identity: \_\_\_\_\_ (please refer to list of options in Guidance Notes No 4)

**ADDITIONAL INFORMATION:**

Service Children in Education: \_\_\_\_\_ (yes/no) Free School Meals: \_\_\_\_\_ (yes/no) (please attach evidence)

**ADDITIONAL CONTACTS:** (other than parents)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Responsibility: \_\_\_\_\_ (yes/no) Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Responsibility: \_\_\_\_\_ (yes/no) Relationship to Child: \_\_\_\_\_

**DECLARATION:**

**I confirm that the information I have given is correct to the best of my knowledge and belief.**

Signed: \_\_\_\_\_ (person with parental responsibility)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_