



# Batheaston Church School

School Lane, Northend, Bath, BA1 7EP

*"That they may have life, life in all its fullness"*

Tel: 01225 858555

Email: office@batheaston.bwmat.org

Headteacher: Sally Jefferies

## Registration Form

This form is to be completed by the parent/guardian and returned to the school office.

<b>Surname:</b>		<b>Legal Surname:</b>	
<b>Forename:</b>		<b>Middle name:</b>	
<b>Chosen name:</b>		<b>Gender:</b>	M/F
<b>Date of Birth:</b>		<b>Year Group:</b>	<b>Reg Group:</b>
<b>Pupil Address:</b>			
<b>Post Code:</b>			
<b>Parent/guardian main contact email</b>			

### CONTACT DETAILS

Please give details of all persons who have parental responsibility and then anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency. (For example Mum might be Priority 1, Dad Priority 2 and Grandma Priority 3.) Extra details on an extra sheet.

Priority	Name & Relationship to pupil	Contact details	Telephone numbers
1	Name:	Address:    Postcode:	Home Tel:
	Relationship to pupil:		
			Mobile Tel:
			Work Tel:

2	Name:	Address:    Postcode:	Home Tel:
	Relationship to pupil:		
			Mobile Tel:
			Work Tel:

3	Name:	Address:	Home Tel:
	Relationship to pupil:		
			Mobile Tel:
			Work Tel:
	Postcode:		

<b>Does the child live with both parents: (Please circle) Y/N</b>
<b>Correspondence should be sent to: (Please circle) Mother      Father      Guardian      Other</b>

<b>Name, address and telephone number of previous school or pre-school/playgroup:</b>
<b>Previous address if recently moved:</b>

**TRAVEL**

Please circle which method your child normally travels to school by									
Walk	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Car/ Van	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Public bus	<input type="checkbox"/>

**Do any of the following apply:**

Is the child a Looked after child?	Y/N
Is the child a previously Looked after child?	Y/N
Is this child a refugee/asylum seeker?	Y/N
Is this child from a Services family?	Y/N

**DIETARY - Please state any dietary needs**

<b>Dietary Needs</b>
<b>Dietary Preferences</b>

**MEDICAL**

<b>Medical Practice:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

<b>Medical Condition(s):</b>
------------------------------

<b>Medical Note(s):</b>
-------------------------

<b>Special educational/Additional needs:</b> Has your child been identified with any special educational or additional needs? If so, please give details below:
--

<b>Ethnicity :</b> (see accompanying sheet for codes)	<b>Country of birth:</b>
<b>Home/first Language:</b>	<b>Nationality:</b>
	<b>Religion:</b>

<b>E-MAIL AND TEXT MESSAGING SYSTEM – PARENTPAY</b>
Batheaston Church School subscribe to a system called Parent Pay which enables the school to send news bulletins, messages, information and alerts to home parents via e-mail and text message. This also allows parents to pay for school items (e.g. lunches, trips) on line.
Parent Pay is a secure web based system, designed specifically for schools and treat security of your data with the utmost importance. Parent Pay are registered with the data protection register and guarantee the security of your details.
A letter will be sent with your activation details during your child’s first week at School. We would urge all parents, whenever possible, to activate their account with these log on details at <a href="http://www.parentpay.com">www.parentpay.com</a> so that you receive all information electronically.

<b>Permissions:</b>	
I give permission for my son/daughter to be taken out of school to go on local walks or attend events involving the local community and feeder schools, as part of the school curriculum or fundraising activities during my child's education at Batheaston Church School. I will be informed of all trips.	Y / N

**Data Protection Act 2018:** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF. For further details, please see our Privacy Notice.

**Signature:**  
**(Parent/Guardian)**

**Date:**

**Name:**