

**REGISTRATION FORM FOR ROWENA ACADEMY (to be completed by Parent/Guardian)**



<b>Child's Legal Surname:</b>				<b>Child's Legal First Name:</b>			
<b>Middle Names:</b>				<b>Name known by (if different):</b>			
<b>BOY</b>		<b>GIRL</b>		<b>Child's Date of Birth:</b>			
<b>Home Address:</b>							
<b>Postcode:</b>				<b>Home Telephone Number:</b>			
<b>Please give details below of any adults who live in the family home and their relationship to the child.</b>							
<b>MR</b>	<b>MRS</b>	<b>MISS</b>	<b>MS</b>	<b>MR</b>	<b>MRS</b>	<b>MISS</b>	<b>MS</b>
<b>Surname:</b>				<b>Surname:</b>			
<b>First Name:</b>		<b>Date of Birth:</b>		<b>First Name:</b>		<b>Date of Birth:</b>	
<b>Parent/Step Parent/Other</b>				<b>Parent/Step Parent/Other</b>			
<b>Mobile Telephone Number:</b>				<b>Mobile Telephone Number:</b>			
<b>Work Telephone Number:</b>				<b>Work Telephone Number:</b>			
<b>Please give details below of any Parent who lives at a different address.</b>				<b>Please give details below of any brothers and sisters.</b>			
<b>MR</b>	<b>MRS</b>	<b>MISS</b>	<b>MS</b>	<b>Child's Name</b>	<b>Date of Birth</b>	<b>School Attending (if any)</b>	
<b>Surname:</b>							
<b>First Name:</b>		<b>Date of Birth:</b>					
<b>Address:</b>							
<b>Postcode:</b>		<b>Telephone Number:</b>					
<b>Emergency Contacts: Please list the names and telephone numbers of anyone who we could contact if you are not available if your child is ill or there is an emergency.</b>							
<b>Name</b>			<b>Relationship to Child</b>			<b>Telephone Number</b>	
<b>We operate a text messaging service to parents, to keep you informed of news and events in school. Please list the mobile number below that you would like us to send messages to. If any parent not living at the child's address would like to receive messages, please add them as a second number. Please only list one number per household to reduce costs.</b>							
<b>Name:</b>				<b>Mobile Number:</b>			
<b>Name:</b>				<b>Mobile Number:</b>			

**REGISTRATION FORM FOR ROWENA ACADEMY (to be completed by Parent/Guardian)**



<b>Please give any information below that we may need to know whilst your child is in our care.</b>					
<b>Any Medical Needs:</b>			<b>Any Medication required in school time.</b>		
<b>Any Allergies:</b>			<b>Any Medication required in school time.</b>		
<b>Any Special Dietary Needs:</b>			<b>Any Food or Drink they are not to have. (For Medical or Cultural reasons)</b>		
<b>Does your child need to wear glasses?</b>			<b>Does your child have any behavioural or social difficulties?</b>		
<b>Details of your child's GP</b>			<b>Details of any other professionals involved with the family – eg. Social Care, Hospital, Speech &amp; Language Therapist etc.</b>		
<b>Name</b>	<b>Address of Surgery</b>	<b>Telephone Number</b>	<b>Name</b>	<b>Service</b>	<b>Telephone Number</b>
<b>Please give details about your child's Home Language, Ethnicity and Religion</b>					
<b>Main Language spoken by your child:</b>			<b>Any other Languages spoken by your child:</b>		
<b>Please inform us of your child's religion or state 'No Religion'</b>			<b>Please inform us of your child's ethnicity (examples given below)</b>		

Examples of Ethnicity – White British, White Irish, Black African, Black Caribbean, Indian, Pakistani, Bangladeshi, Chinese, Gypsy/Roma, Mixed (please state) eg: White & Black African etc.

**REGISTRATION FORM FOR ROWENA ACADEMY (to be completed by Parent/Guardian)**



**Are either Parent a member of the Armed Forces – if so please give details below:**

<b>Name:</b>	<b>Force:</b>
--------------	---------------

**Any other information that you feel may be relevant to us in school:**

<b>Please indicate if you give your consent to the following:</b>	<b>I give consent</b>	<b>I do not give consent</b>
First Aid if required		
Photographs of my child being used on school displays		
Photographs of my child being used on the school website		
Photographs of my child being used in school publications		
My child accessing the Internet to enhance learning		
My child's work being published on the website/publications		

<b>Signed:</b>	<b>Name in Full:</b>	<b>Date:</b>