

HASLAND JUNIOR SCHOOL
Broomfield Avenue, Hasland, Chesterfield S41 0LP

The information on this form is processed electronically for administrative purposes and is subject to the terms of the Data Protection Act 1984

Register Class
 (Office use only)

PLEASE COMPLETE IN BLOCK CAPITALS ONLY

Forenames	Please underline the name by which the pupil is usually known		
Surname			
Date of birth		Please give figures eg 14 6 84 SEX (M/F)	
Home Address			
Postcode			
Home Telephone No			
Email address			

Parent/Guardians living at pupil's home address

Relationship to pupil	eg Mother	eg Father
Title (Mr/Mrs/Miss/Ms)		
Forenames		
Surname		
Can be contacted in an emergency during the day	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick <input type="checkbox"/>
If yes give whereabouts (eg at home or name of workplace)		
Daytime Telephone No		
Letters will be addressed to the Parents/Guardians named above using the pupil's address. If this is not appropriate please write alternative here		

Brothers/sisters already attending Hasland Junior School	Full Name	Date of Birth	Year Group 3/4/5/6
Other emergency contacts (Excluding Parents/Guardians)	Give names, daytime tel nos and relationship to pupil (eg neighbour, aunt, grandparent or friend)		
Is your child of Service Personnel (Armed Forces)			
Do you consider your child to have a physical, mental or sensory impairment that disables them in society? NOTE: the definition of disability in the Disability Discrimination Act 1995 is "A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities" This may include learning difficulties, dyslexia, migraine, asthma and other conditions. YES / NO			
Previous School Attended			
Health			
Please give brief details of any known medical condition	Parents may convey relevant medical information here or under separate cover to the school/ The information is processed electronically but in coded form to enable staff to respond to the pupils' needs.		
Doctor's details			
Address			
Telephone No			
Free School Meals Please state whether your child is <u>eligible</u> for free school meals whether they actually take them or not.	My child is eligible for free school meals and does have school dinners.		
	My child is eligible for free school meals but brings a packed lunch. (Please tick accordingly)		
Additional Information			
Ethnic Origin			
Please tick the <u>one</u> category which best describes your child.			
White	British		
	Irish		
	Traveller of Irish Heritage		
	Gypsy/Roma		
	Any other White background		
Mixed	White and Black Caribbean		

	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Chinese		<input type="checkbox"/>
Any other ethnic background		<input type="checkbox"/>
I do not wish an ethnic background category to be recorded		<input type="checkbox"/>

This information was provided by:	
Parent	<input type="checkbox"/>
Pupil	<input type="checkbox"/>

Main Mother Tongue

Please tick the one category which best describes your child's main home language

Arabic	<input type="checkbox"/>	German	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>	Other (please specify) <input type="text"/>
Bengali	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	
Cantonese	<input type="checkbox"/>	Gujerati	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	
English	<input type="checkbox"/>	Hakka	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	
French	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	
Gaelic	<input type="checkbox"/>	Italian	<input type="checkbox"/>			

Religious Affiliation

Please tick the one which best describes your child's religion

Buddhist	<input type="checkbox"/>	Christian (please specify)	<input type="text"/>
Hindu	<input type="checkbox"/>	Other religion (please specify)	<input type="text"/>
Jewish	<input type="checkbox"/>		
Muslim	<input type="checkbox"/>		
Sikh	<input type="checkbox"/>		
No Religion	<input type="checkbox"/>		

I declare the information on this form to be correct to the best of my knowledge.

Signed (Parent/Guardian) Date