



Registration Form – Hook Infant School

| | | | |
|---|--|---|--|
| Surname / Family name | | Male / Female | |
| Forenames | | To be known as | |
| Date of Birth | | | |
| Religion | | Ethnicity | |
| First language spoken at home by child | | Other languages spoken at home | |
| Nationality | | | |
| Child's Home address | | Postcode | |
| Home phone number | | | |
| Parent / Guardian name | | Parent / Guardian name | |
| Address | | Address | |
| Date of Birth National Insurance number | | Date of Birth National Insurance number | |
| Mobile number | | Mobile number | |
| Home number | | Home number | |
| Work number | | Work number | |
| Email address | | Email address | |

| | |
|---------------|------------------|
| Family Doctor | Name and address |
|---------------|------------------|

| | |
|--|---|
| Travel to school information please indicate the most used transport to school walk, scoot, car, van, bus | Please specify if any Court Orders are in place and provide a copy Yes / No |
|--|---|

| | |
|--|--|
| Please indicate if either parent is member of HM forces | |
|--|--|

| | |
|--|--|
| Please provide the name and number of other contacts for your child who may act on your behalf | This may include a childminder, grandparent or friend |
| Name | Relationship to child..... |
| Number | |
| Name | Relationship to child..... |
| Number | |

Your data will be stored securely in school and transferred on to any future receiving schools. Your NI number will be used to check eligibility for Pupil Premium funding.

Your child's data will be stored electronically and may be shared with other professional bodies including other schools, receiving future schools, school nursing (currently Southern Health).

Details of parent / guardian will be used to communicate with parents via Tapestry (EYFS online learning journal), Parentmail (newsletters, notifications and payments for school trips), Tucasi (processing of school payments). If you do not wish for these details to be stored please contact the school office directly.

Signed Parent / Guardian..... Date.....