

Abacus Belsize Primary School

Pupil Registration form

Pupil Details		
Pupil Last Name	Preferred Last Name	
(Family Name)	(If different)	
Pupil First Name	Preferred First Name	
Middle Names		
Date of Birth	Gender Male	Female
Pupil Home Address		
House Name/Number		
		
T	·	
Dostoodo		
Borough of Residence		emporary (please circle)
Homo Tolophono Number		

Parent/Carers Details

Who does the pupil live with?	
Parent/Carer 1	Parent/Carer 2
Title	Title
Surname	Surname
First Name	First Name
Language	Language
Occupation	Occupation
Relationship to pupil	Relationship to pupil
Parental responsibility? Y / N	Parental responsibility? Y / N
Address	Address
Postcode	Postcode
Home Tel. No	Home Tel. No
Work Tel. No	Work Tel. No
Email	Email
Should correspondence be	Should correspondence be
addressed to this person Yes / No	addressed to this person Yes / No
Should correspondence be addresse	d jointly Yes / No
Is a translator required when commu	unicating with either of these contacts?
Parent/Carer 1 Yes / No	Parent/Carer 2 Yes / No

Do you have	e a translator you wo	ould like to use? Yes	/ No
Name			
	Number		
Emergency	Contact Details		
(Please ensur of an emerge		person would be availa	ble at short notice in the event
Name	Tel. No.	Mobile No.	Relationship to child
1.	H		
2.	H		
3.	H		
Stay for School Bring Packed Is your child You are entitlincome based SSAT. If you a lunch please of Educational	ed to claim free schoo I job seekers allowance re entitled to claim fre claim anyway.	ool Meals Yes / I meals, if you are in rece, support from NASS or	No eipt of – income support, support from a local authority at you child to have a packed
Name		Address	
•	·	//School outside of th	•
_			
Name of las	t school		

Date of leaving		
Reasons for leaving last sch		
<u>Additional</u>		
Ethnicity		<u> </u>
Religious Affliction		
 Christian Hindu Jewish Sikh Islam No Religion Other religion (please Refused 	e specify)	
Country of birth		
Nationality Festivals observed		
Place of Worship		
Do you wish to withdraw y	our child from Religious Ed	lucation lessons? Y / N
Language Information		
	Languages spoken at home by pupil to :	Languages spoken at home to pupil by :
Mother		
Father		
Grandparents		
Siblings		
Other Family		
Pupil's first language		

Can your child write in t	his language? Yes / No
Medical Information	
Name of Doctor Address _	
Telephone Number	
Does your child have an	y medical conditions that we should be aware of?
Asthma Eczema Epilepsy ADHD Hay fever Dyslexia Dyspraxia Eyesight problems Hearing problems Allergies Other (please specify) Does your child wear gla	asses? Yes / No
concentration)? Yes	dication that may affect his/her schooling (e.g. / No s
school? Yes /	any medication during the day that will be held by the No
	our child attend?

Can your child read in this language? Yes / No

Has v	our child	had his	/her i	pre-school booster	Yes	/ No	/ Don't know

Dietary Needs

Vegetarian	
Gluten free	
Halal	
Kosher foods only	
No Dairy Products	

No nuts of any type	
No pork	
Seafood allergy	
Any other	

Agency / Community Links

Has the family had support from:	
Community Language groups	
National Asylum Support Service	
Speech Therapist	
Child and Family Support	
Social Services/ Children's services	
Shelter/Refuge	
Other (Please specify)	
Contact Names and Numbers for any	organisation above (if
relevant)	

Progress / Skills / Interests

(More in-depth information will be gathered during the home/nursery visit)

Home interests / activities	
Friendships and social	
matters	
Is there anything you can tell	
us about your child that will	
help us to help them?	
Does your child have (or is in	
the process of having) a	
statement of Special	
Educational Needs?	
Does your child have/need	
any extra support whilst at	
school?	

Family Details

Position in Family 1 2 3 4 5 6 7 8 (Please circle)

Siblings currently in Education

Name	DOB	School Attended

Does your child know anyone who is attending Abacus Belsize or who will be
starting Abacus Belsize soon? Yes / No
If Yes please give details

DECLARATION: The details supp	plied above ar	re correct to the best of my	
knowledge.			
Signed		Dated	•••••
Below is a selection of options t Please read the options carefull	•	•	
Local school trips will generally and will usually involve a short witransport). These trips will alwasmay happen on a regular basis a every time. For trips that require us to use parate letter will be written a details of the school trip.	walk (not gett lys be thoroug and so we wo public transpo	ting on to any form of public ghly planned and well-staffed buldn't need written permissio ort, or travel further afield, a	but on
Photographs taken are generall other people i.e. local newspap report on our school production	er to promote	e events within the school or t	-
Pleased be assured, we are very children.	y careful who	we allow to photograph the	
Photographs	I agree	I disagree	
 Local school trips 			
Sex Education			
Data exchange			
 Internet access 			
 Copyright Permission (Allowing photographs to be published 	d)		
Signed			

Print Name
D. J.
Date