

LEGAL Surname:		Preferred Surname:	
Forename:		Middle name:	
Known name:		Gender:	
Date of Birth:		Previous School:	

Name of Parent(s)/Carer(s) WITH WHOM CHILD LIVES:	Mr/Mrs/Ms/Other		
Address:			Home Tel. No.
Post Code:			Mobile No.
Preferred email address:			

The School Registration Regulations require the school to know if your child has another parent living separately who has joint or shared legal custody or access to the child. If so, please complete the details below:

Is a court order in place regarding access: YES/NO

Is either parent a serving member of the Armed Forces: YES/NO

Name of Parent/Carer (2):	Mr/Mrs/Ms/Other		
Address:			Home Tel. No.
Post Code:			Mobile No.
Preferred email address:			

Please give details of any additional persons who you wish to be contacted in an emergency:

Name	Relationship to Child	Home Address including postcode	Telephone No. – Home/Mobile/Work
Mr/Mrs/Ms/Other			H: M: W:
Mr/Mrs/Ms/Other			H: M: W:

Names and Forms of any siblings already attending Helsby High School

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Name of Medical Practice:	
Surgery Address:	
Telephone No:	

Medical Condition(s):	

Ethnicity: (Please tick below)

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Traveller of Irish Heritage	<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	I do not wish Ethnic Category to be recorded	<input type="checkbox"/>	Any other Ethnic Group – please state	<input type="checkbox"/>		

Is English your child's first language? (Please tick) If not please indicate their first language below.

English	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please state:	<input type="text"/>
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What is your child's Religion? (Please tick)

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

FREEDOM OF INFORMATION ACT: The School will have on computer admissions data, school records and a photograph of your child. This information also will be available to staff from Cheshire West and Chester Young People's Service, Examination Boards and other similar educational bodies.

Please tick the box to indicate you have read and acknowledge the above information

On occasions we may use photographs, video and sound recordings in promotional material for the school in local and national publicity, school communications, professional training purposes and digital channels – e.g. school website & social media. We never include full names alongside photographs.

If you do not wish your child to participate in such photographs and videos, please tick the box

Data Protection Act 1998: 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 DfE.

Please sign the form in the spaces indicated using your usual signature.

Signature of Father/Legal Guardian:

Signature of Mother/Legal Guardian:

<input type="text"/>	<input type="text"/>
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