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| **For office use:** |
| Year of Admittance |  |
| Date of Birth |  |
| Year Group |  |
| Reg Group |  |



**Breda Academy Student Registration Form**

**PLEASE ENSURE YOU INCLUDE A COPY OF CHILD’S BIRTH CERTIFICATE**

**Please ensure you complete every section of this form:**

* This form should be completed and signed by individual(s) with parental responsibility for the named child
* The information given on this form is confidential; it is treated as such and will not be released or discussed with any unauthorised individual.
* Please complete all sections, including giving ‘no’ or N/A responses where appropriate.
* **Please use block capitals throughout.**
* **It is the responsibility of the individual(s) with parental responsibility for the named child to keep school informed of any changes in personal details, address, phone number or email. This has to be done in writing or by e mail.**

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| **Section 1** |
| Surname(as on birth certificate) |  | Middle Name(s)(as on birth certificate) |  |
| Forename(as on birth certificate) |  | Preferred ForenamePreferred Surname | **-------------------------------** |
| Gender | **Male Female**  |
| Date of Birth |  |

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| **Section 2** |
| Home address |  |
| POSTCODE |  |
| Are there any court orders which relate to the child eg custody, contact or residence orders under the Children (NI) Order 1995? If Yes, please identify them (copies **MUST** be enclosed).  |

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| **Please give details of all persons who have parental responsibility and someone else who can be contacted if your child is unwell or in an emergency. Please number them in the order in which you wish them to be contacted.** |
| **MOTHER/CARER\*** |  **Emergency Contact 1 / 2 / 3 \*** |
| **Parental Responsibility** | **Yes / No \***  |
| Full Name (Mrs/Ms/Dr/Rev/Miss/Mr)  |  |
| Mobile Number |  |
| Email Address |  |
| Home Address (if different from pupil's) |  |
| Telephone No at Work (+ ext.) |   |
| **FATHER/CARER\*** |  **Emergency Contact 1 / 2 / 3 \*** |
| **Parental Responsibility** | **Yes / No \***  |
| Full Name (Mrs/Ms/Dr/Rev/Miss/Mr) |  |
| Mobile No |  |
| Email Address  |  |
| Home Address (if different from pupil's) |  |
| Telephone No at Work (+ ext.) |   |
| **CONTACT PERSON** |  **Emergency Contact 1 / 2 / 3 \*** |
| Relationship to pupil |  |
| Full Name (Mrs/Ms/Dr/Rev/Miss/Mr) |  |
| Contact Number  |   |

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| **Section 3** |
| Siblings currently at Breda Academy | Name: | Form: |
| Ethnic origin |  |
| Main language spoken at home |  |
| Medical Practice |  |
| Medical conditions:(Please contact the school if necessary to provide more detailed information)  |  |
| Is this required during the school day? We recommend that where possible **medication is** **not administered** during the school day. | Details: |
| Self-administration of prescription or proprietary medicines is prohibited. This must only be carried out under the supervision of a First Aider (based in the school office) who will arrange for medicine to be stored and dispensed in accordance with **written parental instructions**. **Please write to the Vice-Principal**. Parents must supply any prescribed medication in the original packaging with pharmacy typed instructions attached. It is the responsibility of parents to ensure all medications stored by the school are up to date.  |
| **Section 6** |
| Does your child have a Special Educational Need?**YES / NO** | If **YES** you **must** include documentary evidence of a formal diagnosis by HSC Trust or EA Psychologist |
| Is your child currently on a school’s SEN register?**YES / NO** | Please circle what stage: **1 2 3**  |
| **Date of statement (Stage 3 only)** |  |
| **Please attach all relevant documentation to evidence this need, this may include any of the following documentation:** Last annual review of statement, EA Psychologist report, HSC Trust Letter indicating formal diagnosis, CAMHS letter of involvement, occupational therapy reports etc.  |
| **Section 7** |
| **Primary/Secondary** School Attended | NAME:From: To: |
| Is your child entitled to free school meals?It is your responsibility to apply through EA website |  Circle: **YES / NO** |
| Is your child the eldest child or the first child in your family to transfer to a mainstream post primary school |  Circle: **YES / NO** |

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| **School Comms – School Gateway App**  |
| All school communication will be sent using this app (reports, messages, attendance etc.) All information relating to the School Gateway App **Please could you download the gateway app to your phone** The set-up process is simple and will take no more than a couple of minutes:1. Search for “School Gateway” in the Apple App Store/Google Play or on your phone go to [www.schoolgateway.com/apple](http://www.schoolgateway.com/apple) (Apple) or [www.schoolgateway.com/android](http://www.schoolgateway.com/android)(Android)2. Install the app and if you are asked then say yes to “Allow Push Notifications”3. When you launch School Gateway for the first time, please select ‘New User’ and enter the email address and mobile telephone number you have registered with the school4. The system will send a PIN code to your phone; please enter this PIN code and the app will be activated for you. As soon as you’ve got the system set-up, all of the text messages we send you will appear in the app; you’ll receive notifications/alerts as normal.**I have read and understood the requirements of the School Gateway Acceptable use policy and agree to abide by the conditions outlined in the policy. Please sign below if you accept and provide your email address.** |

***PLEASE SIGN:* I agree to Breda Academy policy on:** *(policies for your information are available on the school website)*

**Mobile Phone Policy:** Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Pg28 CP Policy)**

 Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph Permission:** Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Gateway App:** Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accept all school Policies and Procedures including, uniform policy and child protection policy (all available on website).

 Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENSURE ALL SECTIONS ARE COMPLETED AND SIGNED**