

Macaulay CE Primary School

Registration Form Academic Year 2025/26



CHILD'S FIRST NAME (S)		CHILD'S LAST NAME	
DATE OF BIRTH		GENDER	

CHILD'S ADDRESS	
	POSTCODE:
HOME TELEPHONE NUMBER	

PARENTAL RESPONSIBILITY: PARENTS/CARERS		
CARER'S NAME	MOTHER'S NAME	FATHER'S NAME
MOBILE		
EMAIL		
ADDRESS IF DIFFERENT:		

ETHNICITY		RELIGION	
HOME LANGUAGE		FIRST LANGUAGE	

NAME OF PREVIOUS SCHOOL OR NURSERY	
ADDRESS	
POST CODE:	
TELEPHONE NUMBER	
DATES & REASON FOR LEAVING	

DO YOU HAVE A CHILD ALREADY AT MACAULAY? IF YES, PLEASE GIVE NAME(S)

Yes ☐

No ☐

NAME: _____ **CLASS:** _____

NAME: _____ **CLASS:** _____

NAME: _____ **CLASS:** _____

NAME: _____ **CLASS:** _____

LUNCH PREFERENCE: (PLEASE SELECT)

SCHOOL LUNCH (London Mayor's Universal Free School Meals) ☐

SCHOOL LUNCH (Means-Tested Free School Meals) ☐

PACKED LUNCH ☐

ANY SPECIAL DIETARY INFORMATION: (No Meat/ Nuts/Dairy/ etc.)

If your child has an allergy – we will need a medical statement from your doctor.

ANY MEDICAL INFORMATION: (i.e. Asthmatic)

DOES YOUR CHILD TAKE REGULAR MEDICATION?

Yes ☐

No ☐

DETAILS: _____

DOCTOR'S NAME AND ADDRESS:

POST CODE:

TELEPHONE NUMBER:

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?

YES/NO

PLEASE LIST ANY PROFESSIONALS THAT MAY BE WORKING/SUPPORTING YOU OR YOUR CHILD E.G. SOCIAL WORKER, SPEECH AND LANGUAGE THERAPIST.

TELEPHONE NUMBER:

PERMISSION

SWIMMING

I AGREE FOR MY CHILD TO GO SWIMMING (YEAR 1 TO 6)

Yes ☐

No ☐

SCHOOL TRIPS

I AGREE FOR MY CHILD TO GO ON LOCAL EDUCATIONAL VISITS WITH STAFF. I UNDERSTAND THAT THIS MAY BE DONE WITHOUT A LETTER BEING SENT HOME. (please tick or highlight)

Yes ☐

No ☐

PHOTOGRAPHS

I AGREE FOR MY CHILD TO HAVE THEIR PHOTOGRAPH TAKEN FOR SCHOOL PUBLICATIONS:

NB a photo of your child is stored on their SIMS school record

Yes ☐

No ☐

Photos could be used in the following media

School Newsletter

School Promotional Material

Social Media such as X, Instagram, Facebook

Prospectus

Macaulay Publications / Website

FIRST AID

I AGREE FOR MY CHILD TO RECEIVE FIRST AID TREATMENT

Yes ☐

No ☐

LEGAL ORDERS

ARE THERE ANY LEGAL ORDERS IN PLACE FOR YOUR CHILD? if YES, please provide details

Yes ☐

No ☐

Details: _____

EMERGENCY CONTACT DETAILS:

If your child is sick, or has an accident, we want to contact you quickly. Please can you fill in all sections of this form. In the event that we cannot get hold of parent or carer, we will phone your emergency contact.

If any of the contact details in this section of the form change, you must tell us immediately.

CONTACT 1	
NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

CONTACT 2	
NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

CONTACT 3	
NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
WORK NUMBER	
EMAIL ADDRESS	

DOCUMENTS REQUIRED - Please note that we will need to see:

**Proof of child's date of birth of
PASSPORT OR BIRTH CERTIFICATE**

**Proof of Address (eg)
UTILITY BILL/COUNCIL TAX/BANK STATEMENT/TENANCY AGREEMENT**

**I CONFIRM THE INFORMATION PROVIDED ON THIS FORM IN RESPECT OF THE ABOVE-NAMED CHILD IS
CORRECT:**

FIRST NAME: _____ **LAST NAME:** _____

SIGNED: _____ **(PARENT/CARER) DATE:** _____

FOR OFFICE USE ONLY

BIRTH CERTIFICATE		DATE OF ADMISSION	
PROOF OF ADDRESS		UPN ADMISSION NUMBER	
SEN PAPERS		CLASS/YEAR GROUP	
		DATE ENTERED ON SIMs	
		SIGNED	