



PUPIL REGISTRATION FORM

Longhill High School are required by law to keep on record information about pupils, their parents/carers, emergency contacts, medical and health information, ethnicity, religion and language as well as other relevant information.

By completing and signing this form, you agree that Longhill High School can process your data. Your data will be used in accordance with the current information provided by the Data Protection Commissioner's Office and is subject to the Data Protection Act. The information given will be stored electronically and will form part of our database.

Pupil Details

| | |
|---|--|
| Legal Forename: | |
| Legal Surname: | |
| Middle Name/s: | |
| Preferred Forename: <i>(if different from legal)</i> | |
| Preferred Surname: <i>(if different from legal)</i> | |
| Date of Birth: | |
| Gender*: | |
| Pupil's email address: <i>(if applicable)</i> | |
| Pupil's mobile number: <i>(if applicable)</i> | |

**Please indicate which gender the pupil most identifies with. The current national systems can only record male/female, so if the pupil has a different gender identity, please discuss this with the school.*

Pupil Address

| | |
|-------------------------------|--|
| Flat/Apartment Number: | |
| Block Name: | |
| House Number/Name: | |
| Street: | |
| Town: | |
| Postcode: | |
| Who does the pupil live with? | |

Parents/Carers

We need to collect details of every parent. For the purposes of the school, you are a child's parent if you:

- Are the child's biological parent
- Aren't the child's biological parent, but have parental responsibility for them (e.g., adoptive parents, step-parents or guardians)
- Have the child in your care (e.g., foster carers)

We need these details so we can meet our statutory responsibilities towards all parents.

- **If there is a court order that affects who has parental responsibility for the child, please contact the school office**

| Parent/Carer 1: | Parent/Carer 2: |
|---------------------------------------|---------------------------------------|
| Title: Mr/Mrs/Ms/Miss/Other | Title: Mr/Mrs/Ms/Miss/Other |
| Forename: | Forename: |
| Surname: | Surname: |
| Relationship to Pupil: | Relationship to Pupil: |
| Home Address (if different to pupil): | Home Address (if different to pupil): |
| Mobile Phone: | Mobile Phone: |
| Other Phone (<i>Home/Work</i>): | Other Phone (<i>Home/Work</i>): |
| Email Address: | Email Address: |

Parental Responsibility

Parental Responsibility is sometimes shared between a number of people. Married parents have equal parental responsibility; on separation or divorce both parents continue to have parental responsibility unless specified by a court.

Please list anyone else that has parental responsibility for the pupil (NOT including the parent/carer listed above):

| Full Name | Address, Phone and Email |
|------------------|---------------------------------|
| | |
| | |

Emergency Contacts

Sometimes we may be unable to contact the parents/carers listed above during the school day. Please list any other emergency contacts in order of preference:

| Priority | Full name and relationship to pupil | Phone Number(s) |
|-----------------|--|------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Is the pupil privately fostered (this means living with someone who does not have legal parental responsibility for a period of 28 days or more): **YES/NO**

Medical and Health Information

| | |
|-------------------|--|
| Doctors' Surgery: | |
| Named Doctor: | |

Dietary Needs (tick all that apply):

| | | | | | |
|--|--|----------|--|---|--|
| Artificial Colour Allergy | | No Dairy | | Nut Allergy (no nuts of any type/quantity)* | |
| Gluten Free | | No Egg | | Seafood Allergy (including fish and shellfish)* | |
| Halal | | No Pork | | Vegetarian | |
| Kosher | | No Beef | | | |
| Other (Please Specify): | | | | | |
| *Does the pupil carry an auto injector? Yes/No | | | | | |

Medical Information (tick all that apply):

| | | | | | |
|--|--|-----------|--|--------------------|--|
| Epilepsy | | Diabetes | | Asthma* | |
| Eczema | | Arthritis | | Multiple Sclerosis | |
| Tuberculosis | | A.D.H.D | | | |
| Other (please Specify): | | | | | |
| *Does the pupil carry an inhaler? Yes/No | | | | | |

Have any other services been involved with the pupil?
(e.g. Health Visitor; Social Services; Educational Psychologist; Bilingual Support; Speech Therapist; Assessment or Diagnostic Units)

Is there any other information about the pupil that you feel we should be aware of?
(e.g. any special educational needs)

Does your child require a Medical Health Care Plan? YES/NO *(please make appointment with child's Head of Year)*

Do you consider the pupil to have a disability? YES/NO

If 'Yes' Please give details:

Additional Information

Previous Schools:

| School Name | Date Started | Date Left | Reason for leaving |
|-------------|--------------|-----------|--------------------|
| | | | |
| | | | |
| | | | |

Travel to school:

| | | | | | |
|-----------|--|-------|--|--------------|--|
| Cycle | | Car | | Bus (School) | |
| Taxi | | Walk | | Bus (Public) | |
| Car Share | | Train | | | |

Monitoring Information

We are required by the Department of Education to record this information about pupils.

We want to make sure that ALL children are treated fairly and do well at school, and this information helps us to monitor and plan the curriculum to meet their needs.

If you do not want to supply this information you MUST write 'Refused' or tick the 'Refused' box.

| | |
|---|--|
| First Language: <i>(the first language the pupil spoke as a child)</i> | |
| Home Language: <i>(Language spoken most frequently at home)</i> | |

Pupil Ethnicity (please tick ONE):

| | | | |
|------------------------------------|--|---|--|
| White – British | | Asian or Asian British – Indian | |
| White – Irish | | Asian or Asian British – Pakistani | |
| White – Eastern European | | Asian or Asian British – Bangladeshi | |
| White – Western European | | Asian or Asian British – Any other Asian background | |
| White – Any other white background | | Black or Black British – Caribbean | |
| Traveller of Irish Heritage | | Black or Black British – African | |
| Gypsy/Roma | | Black or Black British – Any other black background | |
| Arab | | White and Black Caribbean | |
| Iranian | | White and Black African | |
| Kurdish | | White and Asian | |
| Chinese | | Any other mixed background | |
| Any other ethnic group | | Refused | |

Pupil Religion (please tick ONE):

| | | | | | | | |
|-----------|--|--------|--|--------|--|-------------|--|
| Buddhist | | Hindu | | Muslim | | No Religion | |
| Christian | | Jewish | | Sikh | | Refused | |
| Other: | | | | | | | |

Consent and Parent Information

Please **tick** the relevant boxes below to confirm that you have read, understand and give consent for the following:

All policies and documents are available on the Longhill.org.uk website under the 'Admissions' tab.

| <u>Policy/Information</u> | <u>Consent Given</u> |
|--|-----------------------------|
| I accept the place offered and agree to abide by the School Rules, uniform standards, behaviour expectations, discipline, consequences and sanctions in accordance with school policies. | |
| Home/School Partnership Agreement | |
| Attendance Policy | |
| Pupil Acceptable ICT Use | |
| Cashless Catering and Biometrics | |
| Photographic Consent | |

In addition to this, please read the following information sheets (that can be found on the school website under 'Admissions'):

- The Privacy Notice for Parents, Carers and Pupils
- Medical Parental Consent Form (for pupils that need regular medication, or that carry an inhaler, auto injector or similar)
- Locker Application
- The Guide to the Parent Portal
- Transport policy leaflet

DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within the school/LA systems. Your signature on this form implies your consent for the school/LA to process the data. The data will be processed in accordance with the purposes notified by the school/LA to the Data Protection Commissioner's office and is subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with the school nurse and dental health.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

I agree to my child having dental, medical, hearing and nursing examinations or inspections. I understand that the headteacher must be informed of any conditions which might affect my child's education.

Signed: _____ Date: _____

Please return this form to:

Data Manager
Longhill High School
Falmer Road
Rottingdean
BN2 7FR

OR

Email the form to:
admissions@longhill.org.uk

Youth Support Services Agreement

PROVIDING OF INFORMATION TO PROVIDERS OF YOUTH SUPPORT SERVICES AND THE RIGHT TO OPT OUT

Once your child is aged 13 or over, we are required by law to pass on certain information to providers of youth support services in your area. This is the local authority support service for young people aged 13 to 19 in England. We must provide both the child's and parent's name(s) and address, and any further information relevant to the support services' role. However, if the child is over 16, the child (or the parent(s)) can ask that no information beyond names, address and your date of birth be passed to the support service. Please see below on how to opt-out of this arrangement.

For more information about young peoples' services, please go to the Directgov Young People page at www.direct.gov.uk/en/YoungPeople/index.htm or the LA website shown above.

To Opt Out

If you wish to opt-out of this arrangement, please inform the Data Manager at Longhill High School by emailing examanddatastaff@longhill.org.uk.

LONGHILL HIGH SCHOOL

Locker Application & Conditions of Hire – September 2025

If you wish to hire a locker for your child, please complete and return to Student Services as soon as possible. Students will be allocated lockers on a first come first paid basis. The school operates a cashless system and we will email you requesting payment to be made directly via your ParentPay account. We will send ParentPay account details by post when students are enrolled. Keys will not be distributed before payment is received.

Lockers are available for hire for the full five-year period at a cost of £6.50 (non-refundable). Keys must be returned to Student Services before students go off timetable in Year 11 or when leaving the school. There is a £6.50 replacement charge for lost keys also payable on ParentPay.

Please complete in **BLOCK** capitals

Student Name: _____ **Year Group:** _____

Parent/Carer Name: _____

I wish to hire a locker and I agree to make an online ParentPay payment upon receipt of an email confirming allocation.

1. The school retains the right to access lockers at all times and change location should it be required.
2. The school makes every effort to maintain the security of the lockers. It cannot, however, accept responsibility for the contents.
3. No dangerous or perishable substances are to be stored in any locker.
4. Lost or duplicate keys should **only be purchased from the school**.
5. Failure to return a key at the end of the hire period will incur a replacement cost (Currently £6.50)
6. I undertake to pay the cost of any non-accidental damage to the locker, which is caused by my child.
7. Students are advised not to allow other students to use their lockers as Student Services will only open a locker in the presence of the designated hirer.
8. Where a student forgets a locker key it can only be opened if we have resources to assist; this is not guaranteed.
9. Students are advised to empty their lockers at the end of each term, as access is often required during holiday periods for maintenance & cleaning.

I agree to abide by the above conditions. The school reserves the right to withdraw the locker at any time. Please ensure your child is familiar with the hire conditions.

Signed: **Parent/Carer** **Date:**

OFFICE USE ONLY

| | | |
|-------------------------|----------------|----------------------|
| STUDENT NAME: | | TUTOR GROUP: |
| LOCKER LOCATION: | KEY NO: | HIRE EXPIRES: |

B**INDIVIDUAL HEALTH CARE PLAN – Medical in Confidence**

| | |
|---|--|
| Name of School | |
| Full Name of Child | |
| Class/Form | |
| Date of Birth | |
| Address | |
| Condition/s | |
| Date completed | |
| Review Date | |
| Responsible person(s) supporting in school | |

Contact Information**Family/Carer Contact 1**

| | |
|---------------------|--|
| Name | |
| Phone: Work | |
| Mobile | |
| Home | |
| Relationship | |

Family/ Carer Contact 2

| | |
|---------------------|--|
| Name | |
| Phone: Work | |
| Mobile | |
| Home | |
| Relationship | |

Clinic/Hospital Contact

| | |
|-----------------|--|
| Name | |
| Phone No | |

GP

| | |
|-----------------|--|
| Name | |
| Phone No | |

Describe medical needs/condition and give details of pupil's individual symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision etc: *On-site medication information at end of form

Daily care requirements (eg before sport/at lunchtime):

Specific support for the pupil's educational, social and emotional needs:

Arrangement for school visits/trips etc:

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

Who is responsible in an emergency (*state if different for off-site activities*):

Follow-up Care (eg after a medical episode such as a seizure, fainting, vomiting etc):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

****If medication is needed to be kept on-site, please fill in **form D**, and if student will be carrying medication - for example an inhaler, please fill in **form E** (all attached). Students are not permitted to carry paracetamol etc on their person due to dangers of accidental overdose or other vulnerable students gaining access. However, they can be locked in our office with form D filled in, giving the student access when needed with a courtesy call home made by Student Services.***

D**PARENTAL CONSENT FORM**

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD TO WHOM DRUGS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF.

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery. Please complete in block letters.

| | | | |
|---------------------------|--|-------------------------------------|--|
| Full Name of Child | | Doctor's Name | |
| Date of Birth | | Doctor's Phone No. | |
| School | | Doctor's 24 hour contact No. | |
| Home Address | | Doctor's Address | |

The Doctor has prescribed (as follows) for my child:

a) Regularly: *Add more rows as necessary*

| Name of Drug/Medicine to be given | How Often/when (eg lunchtime, after food?) | How much? (eg 5ml/1 tablet) |
|--|---|--|
| | | |
| | | |

b) In special circumstances:

| |
|--|
| Describe what circumstances would require the administration of the medicine(s) or treatment details of the necessary dosage: |
| |

c) Special Procedures

| |
|---|
| Describe under what circumstances medical/intimate (including tube feeding, catheter care, tracheotomy care or nasopharyngeal suctioning etc) procedures will be undertaken: |
| |
| List any necessary equipment: |
| |

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with any necessary medical equipment and the drugs, medicines, food my child requires in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child. I will dispose of unused equipment, drugs and/or medication at the end of each term or sooner if the drugs/medication has expired.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

| | |
|----------------------------------|--|
| Name of Parent/Carer | |
| Signature of Parent/Carer | |
| Date | |
| Home telephone number | |
| Daytime telephone number | |
| Relationship to child | |
| Phone number | |

I undertake to provide advice if any changes in medication/medical procedures are necessary.

| | |
|--|--|
| Name of Doctor/Consultant Paediatrician | |
| Signature | |
| Date | |

**E PARENTAL CONSENT FORM FOR PUPIL TO CARRY THEIR OWN MEDICATION -
Medical in Confidence**

This form must be completed by parents/carer

Please complete in **block letters**

| | |
|---|--|
| Full Name of child: | |
| Class: | |
| Address: | |
| Condition or illness: | |
| Name of Medicine(s): | |
| Procedure to be taken in an emergency: | |

Contact Information

| | |
|----------------------------------|--|
| Name: | |
| Daytime telephone number: | |
| Relationship to child: | |

I would like to keep their medication on them for use as necessary

Signed:

Date:

Relationship to child: