

For Office Use Only

Date 1st Reg: _____ Ref, No: _____



Student Registration Form

Child's first name: _____ Child's surname: _____

Child's date of birth: _____ Child's gender: Male Female

Child's address: _____

Postcode: _____

Home phone: _____ Child's mobile: _____ Parent/Guardian's mobile: _____

Child's email: _____ Parent/Guardian's email: _____

School: _____ Year Group: _____ Class/Form Teacher: _____

Child's ethnic origin:

WHITE

- British
- Irish
- Other White Background

BLACK/BLACK BRITISH

- African
- Caribbean
- Other Black Background

MIXED

- White & Black African
- White & Black Caribbean
- White and Asian
- Other Mixed Background
- Any Other Background

ASIAN/ASIAN BRITISH

- Indian
- Bangladeshi
- Other Asian Background
- Prefer not to say

Alternative Emergency Contact (NOT a Parent/Guardian)

Name: _____ Relationship to child: _____

Home phone: _____ Mobile phone: _____ Email: _____

Health and Safety Information

Please specify whether your child has any **medical conditions, allergies or disabilities** that **MEAP Twilight School** should know about: _____

Does your child require any **medication**? Please give details and sign the declaration below: _____

I, the Parent/Guardian of _____ hereby give permission for appropriately trained MEAP Twilight School staff to help my child take the above medications in case of emergency.

Signed: _____ Name: _____

PLEASE TURN THE PAGE

Data Protection and Consent of Parent/Guardian

Please ensure that a parent/guardian reads the following statements and ticks the relevant boxes:

- I give permission for my child to attend **Making Education A Priority (MEAP) Twilight School;**
on **Tuesdays and Thursdays between 5pm and 8pm**, at Manchester Metropolitan University, Brook Campus, Hulme during term time.
- I give permission for my child to be photographed and/or filmed, the photographs and/or film of my child to be used for promotion of **MEAP Twilight School**, including featuring on its website.
- I give permission for my child's formal school to provide **MEAP Twilight School** with information about my child's attainment levels and academic performance.

This information is being collected so that we put your child in the right class for their age group and so that we can track their attendance and progress.

It also helps us to keep your child safe – so if for example they become ill or get hurt in one of our sessions we can contact you immediately. We will not contact your child/ren's mainstream school without your permission in writing.

We will only give the information provided above the solid line below to our funders so that they can check our work. We do not give information to any other organisation.

MEAP Twilight School and organisations delivering services in partnership with **MEAP Twilight School** handle all personal information that you provide in line with the Data Protection Act 2018 and use them for the purpose(s) of monitoring and program evaluation. Your information will not be used for any other purpose. If you would like to see any personal information held about you by **MEAP Twilight School**, please contact the Supplementary Schools Project Manager.

Signature: _____ Date: _____

Print name: _____ Relationship to child: _____

Important: Please inform **MEAP** staff of any changes to your child's contact details, medical information, learning needs or aspiration.

Learning Needs

Does your child have any particular learning needs, including Special Educational Needs? If yes, please provide details:

Activities and Learning Requirement

SUBJECTS	AREA OF NEEDS	Academic Support
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/> Teaching
<input type="checkbox"/> Mathematics	<input type="checkbox"/>	<input type="checkbox"/> Tutorial
<input type="checkbox"/> Biology	<input type="checkbox"/>	
<input type="checkbox"/> Chemistry	<input type="checkbox"/>	
<input type="checkbox"/> Physics	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Other information we need to know

I give permission for my child/ren to make their own way to/from MEaP Supplementary School/After School Sessions.

Yes: No:

Please name the people to whom you give permission to collect your child.

(Please note we may ask these people to confirm their identity)

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MEAP AID SCHEME

If you are a UK Taxpayer we are able to claim back the basic rate of tax that you paid on your donation from HMRC.

MEAP requires parent to contribute a 2.50 donation per child/per lesson, payable as commitment to school and not as per student attendance.

If you would like further information about this scheme, please tick here

I (insert name of parent/carer) have been given a copy of '10 steps to safety' and give my consent for my child/ren to take part in the MEaP Supplementary School.

Print Parent Name: Parent Signature:

Date:

Child Protection Information

Your child's safety and welfare is of great importance to us and we want to work in partnership with you to keep your child/ren safe.

These are our **'10 Steps to Safety'**:

1. We will make sure that all staff and volunteers who work directly with your child/ren have satisfactory DBS checks.
2. We will ensure our premises and equipment are safe.
3. We will provide adequate supervision for activities.
4. We will record any accidents or injuries your child/ren may receive at the MEaP Supplementary School and we will inform you about them as soon as possible.
5. If there is any suspicion that your child/ren is in danger from a staff member or volunteer at the MEaP Supplementary School, we will protect your child while we investigate the situation and we will keep you informed.
6. If we have any reason to be concerned about your child/ren or if your child/ren comes to the school with an injury, we will talk with you and/or your child/ren about this, and if necessary we will make a referral to Social Services.
7. We will not allow your child to leave the school unless you have given permission for this and we agree with you that this is safe.
8. We will not allow your child to be collected by anyone, unless you have given permission for this.
9. We will encourage your child to speak freely about any concerns, or any aspect of the school that makes them unhappy, and we will try to put things right.
10. We will always make time to listen to you if you have any concerns about your child's safety and welfare or any aspect of the services offered by the MEaP Supplementary School.