



Lancaster Steiner School
Lune Road, Lancaster, LA1 5QU
Tel/fax: 01524 841351
Email: lancastersteinerschool@yahoo.co.uk
Website: www.lancastersteiner.org.uk

REGISTRATION FORM

Full name of child _____

Sex M/F _____ Date of birth ____ _

Start date: _____

1st Parent/Guardian name _____

Address _____

Telephone Home _____ Work _____

Mobile _____

E-mail address _____

2nd Parent/Guardian name _____

Address, if different _____

Telephone Home _____ Work _____

Mobile _____

E-mail address _____

If we need to contact someone during the daytime and there is no-one at the above address, please indicate an alternative person and number.

Name _____

Tel no _____

Relationship to child _____

Last school/kindergarten attended

Name of school _____

Address _____

CONSENT FORMS

School Trips and Walks

The children sometimes go for walks in the surrounding area or visit museums, theatres and other places of educational interest. As these walks take the children outside of the school grounds we need parental consent to take your child. These walks, if further afield will involve travelling in parent volunteers cars to a destination, for example Williamson Park. (all drivers are checked for insurance and CRB)

I/ we give permission for to go on these walks and visits and when necessary travel by car in volunteer parent's cars.

Signed
Name
Date

Publicity Consent

We would like to ask your permission to use any photographs that we may take of your children at work or play. These could be used on our website, posters, leaflets, our prospectus or in newspapers or magazines.

Please tick the correct box and sign the form below

- I have **no objections** to my child's photograph being used for publicity
- I **do not want** my child's photograph to be ever used for publicity purposes
- I would like to see each picture and its usage before allowing consent

Signed
Name
Date

Please note that the school cannot prevent photographs being taken on occasion, for example by other parents at school events, and that staff may also occasionally take photographs for pupil records. This form therefore relates only to official school publicity where the school will comply with the Data Protection Act but the Act does not apply to all children at all times.

Medical Care Consent

Name of child's Doctor

Tel

Does your child have any allergies? Yes/No (please circle)

Details

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Does your child have any medical conditions which the school may need to be aware of? (Please give details of any particular care or attention needed in relation to this condition, use extra sheet if necessary.)

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Please list which illnesses your child has been immunised against

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Date of last tetanus injection if known

Use of Homeopathic Remedies

Alongside our standard First Aid kit, we keep a number of basic first aid homeopathic remedies, creams and Rescue Remedy for use in case of minor illness and injuries eg toothache, earache, sunburn, cuts and grazes.

Please tick the appropriate box and sign and date below.

I do **NOT** want my child to be treated with homeopathic remedies, creams or Rescue Remedy

I consent to my child being treated with homeopathic remedies, creams and Rescue Remedy

Signed.....

Name.....

Date.....

Consent pending contact with parent/guardian in case of accident/illness

Should I, in the event of accident or illness not be contactable, I give permission to Lancaster Steiner School staff to seek the appropriate medical attention for my child, whilst they continue to make efforts to contact me.

Signed
Name
Date

Contact Details Consent

In order to comply with Data Protection we need to formerly ask you to give us your permission to give out your telephone number(s) to other parents. Because of the inclusive and social nature and atmosphere of Steiner Schools and the requirement for active parental involvement in school running and school matters it is traditional in most schools to have "parent telephone trees" for passing messages around and assisting parents in their communications with each other regarding the running of the school.

In order that we can both keep this spirit of openness AND comply with the requirements of the law with respect to your privacy could you please fill in and return the attached slip below indicating your consent for your number to be placed on the tree and had these back into the office as soon as possible.

I.....give permission for my telephone number to be shared among the other parents and guardians at the school in the form of a telephone tree.

Signed.....
Date.....