



**Registration Form 2024/25**  
**Dalgarno Supplementary School**

**Personal details (Please complete in BLOCK CAPITALS)**

First name \* \_\_\_\_\_

Family name \* \_\_\_\_\_

Gender \*                     Male     Female

Date of birth \*            \_ \_ / \_ \_ / \_ \_ \_ \_

Address \* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \* \_\_\_\_\_

Borough of residence \*     Kensington and Chelsea     Hammersmith and Fulham  
 Brent     Wandsworth     Westminster     Other: \_\_\_\_\_

Are you an RBKC resident currently living in temporary accommodation outside the borough? \*     Yes                     No

**Mainstream School & Year \***

\_\_\_\_\_

**Ethnic Origin (please choose ONE only) \***

Asian	Black	Mixed	White	Other
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black African	<input type="checkbox"/> White and Asian	<input type="checkbox"/> White British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White and black African	<input type="checkbox"/> White Irish	<input type="checkbox"/> Iranian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black Congolese	<input type="checkbox"/> White and black Caribbean	<input type="checkbox"/> Albanian	<input type="checkbox"/> Iraqi
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Black Nigerian	<input type="checkbox"/> Other mixed	<input type="checkbox"/> Kosovan	<input type="checkbox"/> Kurdish
	<input type="checkbox"/> Black Somali		<input type="checkbox"/> Traveller	<input type="checkbox"/> Latin/South/Central American
	<input type="checkbox"/> Black British		<input type="checkbox"/> Gypsy / Roma	<input type="checkbox"/> Moroccan
	<input type="checkbox"/> Other Black		<input type="checkbox"/> Turkish	<input type="checkbox"/> Arab
			<input type="checkbox"/> White European	<input type="checkbox"/> Other background
			<input type="checkbox"/> Other White	

**Do you have a learning difficulty or disability? \***

Yes - please give more detail below                     No

**Is your child registered for free school meals at their mainstream school? \***

Yes                     No

**Does your child have an Education, Health and Care Plan (EHCP)? \***

Yes                     No

## Data Protection Statement 2023/24\*

The personal information that you provide will be processed by WLTS, processed and controlled by Westway Trust (WT) and controlled by the Royal Borough of Kensington and Chelsea (RBKC) in accordance with the General Data Protection Regulation (GDPR) and DPA 2018 and will be used for the purposes of recording attendance and assessment data on behalf of Westway Trust, the Local Authority and other funders. The information with an asterisk will be stored as a hard copy, entered onto a database Upshot for the purposes of Westway Trust and onto IYSS for RBKC. All other information on this form will be kept as a hard copy by WLTS. Paper copies will be kept for 6 years after which they will be shredded or burnt. Online data will be subject to suitable destruction software tools to erase data from hard drives.

You can **agree** to be contacted for other purposes (please delete as appropriate) by WLTS/ WT/ RBKC by ticking the following boxes:

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> about courses or learning opportunities | <input type="checkbox"/> by post  |
| <input type="checkbox"/> for surveys and research                | <input type="checkbox"/> by phone |
|  | <input type="checkbox"/> by email |

Any queries regarding the handling of your personal information or if you would like to see personal held on you by WLTS, WT or RBKC please contact Funda Evans, or [datacontroller@westway.org](mailto:datacontroller@westway.org) (WT) or [IMTeam@rbkc.gov.uk](mailto:IMTeam@rbkc.gov.uk) (RBKC)

Parent/carer's consent \* \_\_\_\_\_

Date \* \_\_\_\_\_

Parent/carer's full name \_\_\_\_\_

Parent/carer's telephone number \_\_\_\_\_

Parent/carer's mobile number \_\_\_\_\_

Please tick if you are happy to receive an online survey through our reporting IT programme, Upshot. This helps with obtaining funding for supplementary schools.

Parent/carer's Email \_\_\_\_\_

### Lunchtime agreements (not applicable to all schools)

- I want my child to stay in the school building at break times/lunchtimes
- I give permission for my child to leave the school building at lunchtime. I understand the school cannot take responsibility for my child if s/he leaves the premises and I undertake to take full responsibility for her/him.

### Permission for photographs to be used in displays or publicity

- Yes  No

### Emergency contact

Name \_\_\_\_\_

Contact number \_\_\_\_\_

Relationship to contact (e.g. mother, friend) \_\_\_\_\_

### Details of any medical condition/s

### Supplementary school to fill in:

Class/es allocated:

- English  Maths  Science  Other/s: \_\_\_\_\_

\*Please ensure **ALL** questions are answered