



Polska Szkoła w Sheffield im. gen. Władysława Andersa

Parkwood Academy, Longley Avenue West, Sheffield, S5 8UL

Tel. +44 7934 115 799, info@polskaszkolashffield.org.uk

SCHOOL YEAR 2017/2018

I wish to register my child at the Polish School in Sheffield. I have read the school rules, pupil rules and school constitution and agree to abide by the rules set out in these documents and familiarise my child with the rules concerning behaviour expected of pupils and those concerning their duties as a pupil.

I will do my best to ensure that my child attends school regularly and punctually. I will ensure, that I pay all school fees on time. I will inform the school on an on-going basis of all changes of address and telephone numbers. I agree to have a school duty according to the agreed schedule.

I acknowledge that in the event of noncompliance of the regulations, the school board may remove the child from the list of school pupils.

A. IDENTITY OF A PUPIL

Surname	
First names	
Date of birth	
Place of birth	
Full address (house no/name, street, city, post code)	

B. PARENTS' (GUARDIAN) INFORMATION

[^]strike-through unnecessary

	Name and surname	Can pick up the child after school
[^] Father		<input type="checkbox"/> Yes <input type="checkbox"/> No
[^] Mother		<input type="checkbox"/> Yes <input type="checkbox"/> No
[^] Legal guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No

Photo taking consent

<i>I consent to have my child photographed/filmed and their picture/movie published on the school's website, chronicle, promotional materials, etc.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No



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C. CONTACT DETAILS

Primary contact (father/mother/ legal guardian) <small>^strike-through unnecessary</small>	Name and Surname:			
	Communication language:	<input type="checkbox"/> Polish	<input type="checkbox"/> English	
	Email:			
	I'd like to receive information about the school via this e-mail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Telephone number:			
	I'd like to receive text messages about the school via this number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional contact (father/mother/ legal guardian) <small>^strike-through unnecessary</small>	Name and Surname:			
	Communication language:	<input type="checkbox"/> Polish	<input type="checkbox"/> English	
	Email:			
	I'd like to receive information about the school via this e-mail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Telephone number:			
	I'd like to receive text messages about the school via this number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Emergency contact (when primary and additional contact is not reachable)	Telephone number:			
	Communication language:	<input type="checkbox"/> Polish	<input type="checkbox"/> English	
	Relationship:	family/friend/acquaintance <small>^strike-through unnecessary</small>		

I confirm that I have read the school rules and school constitution and I agree to abide by the rules set out in these documents and I hereby agree to have my personal data processed for the purposes of managing and maintaining relationships between parents/guardians/pupils and the school (in accordance with the Data Protection Act 1998)

Signature:	Date:
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D. ADDITIONAL INFORMATION

Mainstream school

Name of school	
Full address of the school (house number/name, street, city, post code)	
Telephone number	
E-mail address	
Headteacher/Headmistress	
Class (Year) group starting in September 2017	

Health information

Does your child suffer from any of the following?:	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migraine (frequent headaches)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child suffer from allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
Other health problems?	Please describe:



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E. OTHERS AND SURVEY

Additional information, such as expectations, preferences, whether the child came from Poland, whether the child was attending another Saturday school, whether the child is studying at an online school, whether the child will do the Polish GCSE / A-level and when.

How do I assess my child Polish language skills:
(On a scale from 0 to 5, where 0 means 'can not' and 5 means fluent)
(Please tick the appropriate option)

Speaking	0	1	2	3	4	5
Reading	0	1	2	3	4	5
Writing	0	1	2	3	4	5
Understanding	0	1	2	3	4	5
Does the child speak Polish at home?	don't speak / very little	occasionally	very often	at home we speak only Polish		

How can I get involved in running our school?

Teaching in the classroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administrative works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organization of school events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Otherwise (please suggest)		



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F. FOR INTERNAL USE

Fills in the school

	<i>Term 1 (date and amount)</i>	<i>Term 2 (date and amount)</i>
<i>Cash</i>		
<i>Cheque</i>		
<i>Bank transfer</i>		

Notes