

New Student Form

Please complete all the information below



Birth Certificate copy taken Yes / No

Surname:		Legal Surname (if different):	
Forename:		Middle name:	
Preferred Name:		Gender:	Male / Female
Date of Birth:		Home Telephone	
Address inc Post code:			
Home Email			

Previous School / Nursery Pre-School Setting:	
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Siblings in School

Father's full name:		National Insurance Number		Date of birth	
Mother's full name:		National Insurance Number		Date of birth	

By completing the details above this allows us to see if your child is eligible to receive additional benefits throughout their school years. This information is for school use only and will not be passed to any other agencies.

Ethnicity:		Country of Birth:	
Home Language:		First Language:	
Religion:		Nationality:	

- | | |
|---|--|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Asian or Asian British: Indian |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian or Asian British: Pakistani |
| <input type="checkbox"/> White: Traveller of Irish Heritage | <input type="checkbox"/> Asian or Asian British: Bangladeshi |
| <input type="checkbox"/> White: Other | <input type="checkbox"/> Asian or Asian British: Other |
| <input type="checkbox"/> White: Gypsy / Roma | <input type="checkbox"/> Black or Black British: Caribbean |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Black or Black British: African |
| <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> Black or Black British: Other |
| <input type="checkbox"/> Mixed: White and Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed: Other | <input type="checkbox"/> Prefer not to say |

Parent currently serving in military?	Yes/No	Is your child on the Special Educational Needs or Disabilities register?	Yes/No
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Meal Arrangement Please tick the box below indicating which meal arrangement applies to your child. ALL Reception Pupils and pupils in KS1 are currently entitled to Universal Free School Meals.

If you receive income support you will be entitled to Free School Meals please contact the school office.

Universal Free School Meals (Children in Reception and Key stage 1)	
Free School Meal	
Paid School Meal	
Sandwiches	

Travel Arrangements Please tick the mode of transport you are likely to use

Walk		Car/Van		Taxi		Car Share		Bike		Other	
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Please detail any court orders applying to the child (e.g Ward of Court, Legal Rights of Access)

Dietary Needs

Please note any special dietary needs including allergies

Medical Practice:

Doctors Name:

Address:

Telephone Number:

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. Asthma, Epilepsy, allergies to stings, nuts or particular medicines)

Medical Condition(s) / Notes:

(Please use a separate sheet if necessary)

Do you give your permission for the school to call the doctor in an emergency?

Yes/No

Do you give your permission for the school to administer first aid in an emergency?

Yes/No

I confirm that the above information is correct:

Signed

Date

Data Protection Act 1998 – The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standard and Framework Act 12998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.



Contact Details

Please give details of all persons who will be collecting your child from school and anyone else you wish to be contacted in an emergency in order of priority. Please also indicate the Parental Responsibility column (P.R.) This should only be parents / guardians.

P.R.	Priority	Name	Relationship to child	Contact Details	
Yes/No	1			Address: Home Tel: Mobile:	Work Tel:
Yes/No	2			Address: Home Tel: Mobile:	Work Tel:
Yes/No	3			Address: Home Tel: Mobile:	Work Tel:
Yes/No	4			Address: Home Tel: Mobile:	Work Tel:

Should you require someone else to collect your child you will need to telephone the school office to inform them who will be collecting your child, you will also need to give the person your child's password to enable them to be collected your child will not be permitted to leave school without this.

Password _____