



New Student Form

Student Details

Legal Surname: _____

Preferred Surname: _____

First Name: _____

Known Name: _____

Middle Name(s): _____

Date of Birth: / /

Gender: Male Female

Home Telephone 1: _____

Home Address: _____

Home Telephone 2: _____

Mobile: _____

Email Address: _____

Religion: _____

Postcode: _____

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)

Ethnicity (please tick)

White: British

Asian or Asian British: Indian

White: Irish

Asian or Asian British: Pakistani

White: Traveller of Irish Heritage

Asian or Asian British: Bangladeshi

White: Other

Asian or Asian British: Other

White: Gypsy / Roma

Black or Black British: Caribbean

Mixed: White and Black Caribbean

Black or Black British: African

Mixed: White and Black African

Black or Black British: Other

Mixed: White and Asian

Chinese

Mixed: Other

Prefer not to say

Any other ethnic group (please state) _____

First Language

English

Other (please state) _____

Prefer not to say

Language Spoken at Home

English

Other (please state) _____

Prefer not to say

What type of lunchtime meal will your child be having? _____

(e.g. Dinners, Free Dinners, Go Home, Sandwiches etc.)

Is your child entitled to free transport to and from school? Yes No

What is your child's usual mode of travel to and from school? _____

(e.g. Walk, Cycle, Car/Van, Car Share (with children from a different household), Public Bus, School Bus, Taxi, Train etc.)

Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
5						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

--

Siblings

If your child has any siblings who attend this school, please provide their names and dates of birth.

Known Name	Surname	Date of Birth

Medical Details

Doctor's Name _____ Telephone Number _____

Medical Practice Name _____

Practice Address _____

Postcode _____

Do you give permission for the school to call the doctor in an emergency? Yes No

Do you give permission for the school to administer first aid in an emergency? Yes No

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 bee stings, nuts or particular medicines, etc.)

--

Parental Consent

Consent Type	Permission	Notes
	<i>(Please circle your response)</i>	
Off-site school trips/activities - participation	Denied	Granted
Off-site school trips/activities - receive first aid or urgent medical treatment	Denied	Granted
Off-site school trips/activities - visit places of worship	Denied	Granted
Photographs/Videos - for use in school publications	Denied	Granted
Photographs/Videos - for use on school website	Denied	Granted
Photographs/Videos - for use within school premises	Denied	Granted
Twitter - including photographs and videos, also linked to school website	Denied	Granted

Early Years Funding

If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.

Is your child in receipt of Early Years Pupil Premium? If so, please state the eligibility reason:

- In receipt through economic reasons
- In receipt through other reasons
- In receipt through economic reasons and other reasons

Is your child entitled to early years free childcare? Yes No
(This is the 15 hours of free childcare available for 3 to 4 year olds and some 2 year olds)

Is your child entitled to the extended 30 hours of free childcare? Yes No

What is your child's 30-hour code?
(This is an 11 digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)

Is your child eligible for the Disability Living Allowance (DLA)? Yes No
(Used for checking the eligibility of the Disability Access Fund)

Parent, Guardian or Carer's information for funding eligibility

If you believe your child is eligible for additional funding as indicated in the Funding related sections above, please provide your details below so that we can carry out eligibility checks.

Parent/Guardian 1

First Name: _____

Surname: _____

Date of Birth: //

National Insurance Number:

Parent/Guardian 2

First Name: _____

Surname: _____

Date of Birth: //

National Insurance Number:

I confirm that the above information is correct:

Signed: _____

Date: //

The information on this form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679