



New Student Form

Student Details

Legal Surname:	_____	Preferred Surname:	_____
First Name:	_____	Known Name:	_____
Middle Name(s):	_____	Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone 1:	_____
Home Address:	_____ _____ _____ _____	Home Telephone 2:	_____
Postcode:	_____	Mobile:	_____
		Email Address:	_____
		Religion:	_____

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

Ethnicity (please tick)

<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
<input type="checkbox"/> 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)

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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.)

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Parental Consent

Consent Type	Permission <i>(Please circle your response)</i>		Notes
All local visits permission	Denied	Granted	
GDPR consent	Denied	Granted	
Off-site school trips/activities - participation	Denied	Granted	
Off-site school trips/activities - visit places of worship	Denied	Granted	
Permission to leave school alone	Denied	Granted	
Permission to watch PG rated films	Denied	Granted	
Photograph on Class Dojo	Denied	Granted	

Photographs/video - for use on Twitter	Denied	Granted
Photographs/Videos - for use in school publications	Denied	Granted
Photographs/Videos - for use in the media	Denied	Granted
Photographs/Videos - for use on school website	Denied	Granted
Photographs/Videos - for use within school premises	Denied	Granted
Photographs - for use in Tapestry Learning Journals	Denied	Granted

Service Child

Is either parent serving in the armed forces? _____ Yes _____ No

Previous School

Name and address of last school attended

After school arrangements

Names of the people authorised to collect your child from school, (including the day of the week if applicable)

I have read and understood the **Absence Penalty Letter** _____ Yes
 (please speak to the school office if you need a copy of the letter)

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