



New Student Form

Student Details

Legal Surname _____

First Name _____

Middle Name(s) _____

Gender Male Female

Home Address _____

Postcode _____

Preferred Surname _____

Known Name _____

Date of Birth ___ / ___ / ____

Home Telephone 1 _____

Home Telephone 2 _____

Mobile _____

Email Address _____

Nationality _____

Religion _____

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

Country of Birth _____

Ethnicity (please tick)

White: British

White: Irish

White: Traveller of Irish Heritage

White: Other

White: Gypsy / Roma

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Other

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Other

Black or Black British: Caribbean

Black or Black British: African

Black or Black British: Other

Chinese

Any other ethnic group

Prefer not to say

First Language English Other (please state) _____ Prefer not to say

Language Spoken at Home English Other (please state) _____ Prefer not to say

Does the child have a parent currently serving in the UK military? Yes No Prefer not to say

Is your child entitled to Free School Meals? Yes No

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.

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.

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.

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.

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.

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.

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.)

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 Standards and Framework Act 1998. 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.