

Interim Head of School Susan Wass

Deputy Headteacher Jodie Milson

**New Student Form**

**Student Details**

Legal Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White British Asian or Asian British: Indian

White Irish Asian or Asian British: Pakistani

British

White: Traveler of Irish Heritage Asian or Asian British: Bangladeshi

British

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language: English Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say

Language Spoken at home English Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say

Does your child have a parent currently serving the UK military? Yes No

Is your child entitled to Free School Meals? Yes No

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to Child | Parental Responsibility |
| 1 |  |  |  |  |  | Yes/No |
| Address | | | | | Email Address | |
| Home Phone | | Mobile | Work Phone | Main Phone Number | | |
|  | |  |  | Home/ Mobile/ Work | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to Child | Parental Responsibility |
| 2 |  |  |  |  |  | Yes/No |
| Address | | | | | Email Address | |
| Home Phone | | Mobile | Work Phone | Main Phone Number | | |
|  | |  |  | Home/ Mobile/ Work | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to Child | Parental Responsibility |
| 3 |  |  |  |  |  | Yes/No |
| Address | | | | | Email Address | |
| Home Phone | | Mobile | Work Phone | Main Phone Number | | |
|  | |  |  | Home/ Mobile/ Work | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Priority | Title | First Name | Surname | Gender | Relationship to Child | Parental Responsibility |
| 4 |  |  |  |  |  | Yes/No |
| Address | | | | | Email Address | |
| Home Phone | | Mobile | Work Phone | Main Phone Number | | |
|  | |  |  | Home/ Mobile/ Work | | |

**Siblings**

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| --- |
| Name |
|  |

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

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**Medical Details**

Doctors Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Practice Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions**

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, any foods or particular medicines, etc.)

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|  |

Do you give permission for your child to take part in food activities and eat a variety of foods? Yes No

Do you give permission for your child to take part in school trips and other activities that take place off school premises, including places of worship?

Yes No

Do you give permission for your child to take part in local walking outings during school times (parents will be notified if transport is involved)?

Yes No

I confirm that the above information is correct. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_