



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: _____

Postcode: _____

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
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 within school premises	Denied	Granted	
Photographs/Videos - for use in school publications	Denied	Granted	
Photographs/Videos - for use on school website	Denied	Granted	

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
