



# 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)
- |   |  |
|---|--|
| <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	

**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 entitled to Free School Meals?  Yes  No

(This does not include Universal Infant Free School Meals where all children in Years Reception, 1 and 2 are eligible)

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

If Yes, please provide your PStat Cat number (Personal Status Category number):

Is the child in care?  Yes  No

Does the child have any post looked after arrangements? If so, please state the reason why the child has left care:

- Adoption
- Special guardianship order (SGO)
- Residence order (RO)
- Child arrangement order (CAO)
- Prefer not to say

**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:

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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

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