

## 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.)*

Does your child have any special dietary requirements? \_\_\_\_\_

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
Engraving - in recognition of achievement	Denied	Granted	
EYFS - permission to be photographed for the Evening Telegraphs starting school supplement	Denied	Granted	
Food tasting - permission to take part in food tasting in line with child's medical/ dietary needs	Denied	Granted	
Internet access - permission to access age appropriate material	Denied	Granted	
Off-site local walks around Northborough village	Denied	Granted	
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
Off-site travel to trips/ activities by coach (advanced notice always given)	Denied	Granted
Permission to continue to receive relevant paperwork via my child's school bag (GDPR)	Denied	Granted
Photographs/ videos for use in school only	Denied	Granted
Photographs/ Videos - for use on class Dojo (private parent accounts)	Denied	Granted
Photographs for use in local newspapers and publications deemed appropriate by the school	Denied	Granted
Photographs for use in the school newsletter which will be displayed on the school website	Denied	Granted
Plasters - permission to have plasters applied in the event of minor injury	Denied	Granted
PTFA - permission to receive communication from the PTFA	Denied	Granted
Viewing - of age appropriate DVDs, online resources which have been vetted by staff and deemed safe	Denied	Granted
Y5/ 6 only. Permission to walk/ cycle home.	Denied	Granted
Y5/6 only. Sex Education - Age appropriate Sex Education lessons lead by teaching staff	Denied	Granted
Y6 - Permission to be photographed for the Evening Telegraphs school leavers supplement	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