



## New Pupil Form

### CONFIDENTIAL

We, The Firs Lower School have a legal obligation to collect certain information about your child attending our school. The reason we ask for this information, how we keep the information secure and who we share it with is detailed in the **School Privacy Notice** which accompanies this form.

There are additional items of information which our school is specifically asking for and requires your consent. These additional items are identified in Section 4 within this form.

Please complete this form for your child and return it to the school office as soon as possible. If you need any guidance, assistance or further clarification with completing this form, please ask a member of the school office to help you.

#### SECTION 1 Personal Details of Pupil

<b>Surname</b>		<b>Legal Surname</b>	
<b>First Name</b>		<b>Other names</b>	
<b>Preferred known name</b>			
<b>Date of birth</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Please note: we will ask to see your child's Birth Certificate to verify the date of birth*

#### Pupil Home address

<b>House No &amp; Street name</b>			
<b>Address line 2</b>			
<b>Town</b>			
<b>Postcode</b>		<b>Address tel no</b>	

#### \* Siblings

If your child has any siblings/other related pupils currently at this school, please provide their details:

<b>Full Name</b>	<b>Relationship to your child</b>

**HM Forces:** Is the pupil the child of a parent or parents serving in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil?

No  Yes  Prefer not to say

\* denotes additional information the school needs for school management purposes

**\* Previous setting**

Name of **PLAYGROUP/NURSERY or PREVIOUS SCHOOL** attended if relevant:

Previous Playgroup/Nursery/School name

County

Has the pupil come from abroad? ?

No  Yes If Yes, which country?

**Language**

**First Language**

English

Other (please state) \_\_\_\_\_

Prefer not to say

**Language spoken at home**

English

Other (please state) \_\_\_\_\_

Prefer not to say

**Ethnicity**

(Please tick one of the boxes below)

**White**

- White: British   
- White: Irish

**Mixed**

- Traveller of Irish Heritage   
- Gypsy/Roma   
- Italian   
- White other   
- White and Black Caribbean   
- White and Black African   
- White and Asian   
- Any other Mixed background

**Asian or Asian British**

- Indian   
- Pakistani   
- Bangladeshi   
- Any other Asian background

**Black or Black British**

- Caribbean   
- African   
- Any other background

**Chinese**

**Any other ethnic background**

**Prefer not to say**

**Nationality**

*If dual nationality, please enter all that apply*

Prefer not to say

**Country of Birth**

Prefer not to say

**Religion**

Catholic  Hindu  Muslim  Sikh

Christian  Jewish  No Religion

Other (please state)

**Court Orders**    Yes    No not applicable

*Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)*

*\* denotes additional information the school needs for school management purposes*

## SECTION 2 Emergency Contact Information

This information is required to allow the school to manage your child's safety and well being and contact you when needed and in cases of emergency.

As the main parent/carer completing this form, **please ask for the permission of all other contacts for their details to be included in this section.** The school will act upon the information provided.

Please **enter contact details in the order you wish them to be contacted** in the event of an emergency. You can enter details for up to **four** individual contacts.

### Contact 1

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Ms</b>	<b>Miss</b>	<b>Other (please specify)</b>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						<b>Postcode</b>
<b>Parental responsibility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<b>Relationship to child</b> (i.e. mother/father)		
<b>Contact 1 telephone numbers:</b>			<b>Tick for priority contact number</b>			
<b>Home</b>						<input type="checkbox"/>
<b>Mobile</b>						<input type="checkbox"/>
<b>Work</b>						<input type="checkbox"/>
<b>Email address</b>						

### Contact 2

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Ms</b>	<b>Miss</b>	<b>Other (please specify)</b>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						<b>Postcode</b>
<b>Parental responsibility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<b>Relationship to child</b> (i.e. mother/father)		
<b>Contact 2 telephone numbers:</b>			<b>Tick for priority contact number</b>			
<b>Home</b>						<input type="checkbox"/>
<b>Mobile</b>						<input type="checkbox"/>
<b>Work</b>						<input type="checkbox"/>
<b>Email address</b>						

**Contact 3 (optional)**

<b>Title</b>	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>	<i>Other (please specify)</i>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						<b>Postcode</b>
<b>Parental responsibility ?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Relationship to child</b> (i.e. mother/father/aunt etc.)			
<b>Contact 3 telephone numbers:</b>			<b>Tick for priority contact number</b>			
<b>Home</b>					<input type="checkbox"/>	
<b>Mobile</b>					<input type="checkbox"/>	
<b>Work</b>					<input type="checkbox"/>	

**Contact 4 (optional)**

<b>Title</b>	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>	<i>Other (please specify)</i>	
<b>Full Name</b>						
<b>Address if different from pupil address</b>						
<b>Contact 4 telephone numbers:</b>				<b>Tick for priority contact number</b>		
<b>Home</b>				<input type="checkbox"/>	<b>Relationship to child</b>	
<b>Mobile</b>				<input type="checkbox"/>		
<b>Work</b>				<input type="checkbox"/>		
<b>Additional information</b>						

**SECTION 3 Medical and Health information of pupil**

The information asked for below is required in the interests of safety and well being of your child whilst in our care.

<b>Medical Information</b>		
<b>Doctor's name</b>		
<b>Medical Practice Name</b>		
<b>Medical Practice address</b>	<b>Practice telephone number</b>	
<b>Postcode</b>		
<b>Do you give permission for the school to contact the Doctor in an emergency?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you give permission for the school to administer medicine/first aid in an emergency?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Medical Conditions</b> <i>Does your child have any medical conditions that the school should be aware of?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Yes, please give details of the condition(s) (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed:</b>		

<b>Does your child have any Special Educational Needs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Does your child have an Education Health Care Plan (EHCP)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes										
<b>Dietary Needs - Does your child have any specific dietary needs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)										
<b>Meal arrangements - What type of lunchtime meal will your child be having? (please tick relevant box)</b>  <input type="checkbox"/> Free School Meal <i>Universal Infant Free School meal for ALL children in Years Reception, 1 &amp; 2</i> <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Home										
<b>Free School Meals for Year Reception and above</b> <b>Is your child <u>currently</u> entitled to Free School Meals?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Early Years (Nursery)</b> <b>Is your child entitled to the free Extended Childcare (up to 30 Hours)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes										
<i>If Yes, please provide your child's 30-hour code</i>										

<b>Travelling to School – What will be your child's usual mode of travel to and from school?</b> <i>(please tick relevant box)</i>  <input type="checkbox"/> Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Car <input type="checkbox"/> Car Share* <input type="checkbox"/> Taxi <input type="checkbox"/> Train <input type="checkbox"/> School Bus <input type="checkbox"/> Public Service Bus  <i>*car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school</i>									
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**SECTION 4 Additional Information**

Please tick the boxes below to indicate whether you grant consent for your child to be involved in the following:

	<b>Please ✓</b>	
Participation in off-site trips/activities	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Using the internet in school under supervision	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school website	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school publications	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school productions (e.g. Christmas/ end of year etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Disability/Special Needs for Parents/Carers

We want to make our school as accessible as possible for you as a **parent / carer** and we want to remove any potential barriers that might make it difficult for you to support your child's learning. For this reason, we would be very grateful if you could inform us here, of any disability or special requirement that you think we should know about **yourself**.

Thank you for taking the time to complete this form.

The information collected in this form will be kept confidential and safe. We will from time to time check these details with you to ensure that we have the latest information.

Please ensure that you inform us of any changes to these details, in particular, contact telephone numbers as we use these to communicate with our parents/carers on a regular basis.

Please read the **School Privacy Notice** regarding how we keep this information secure, how we use it and who we share it with and also information about your rights of access to this information.

Once you have read the **School Privacy Notice**, please complete the final **Section 5 – Parent/Carer Declaration**

**SECTION 5**  
**Parent/Carer Consent and Declaration**

**(SECTION 1) Personal Details of Pupil**

The personal information provided is under the legal obligation the school holds in undertaking its responsibilities.

*I have completed this section have provided accurate information relating to my child.*

Signature of parent/carers \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**(SECTION 2) Emergency Contact Information**

The information provided is in the interests of safety and well being of my child and will be used by the school when appropriate and in cases of any emergency affecting my child.

*I have the permission of the individuals for whom contact information has been provided and I have completed this section with accurate information relating to contact details.*

Signature of parent/carers \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3 Medical and Health information of pupil**

The information provided is in the interests of safety and well being of my child whilst in the care of the school.

*I have completed this section and for each item listed, I have provided accurate information for my child.*

Signature of parent/carers \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**(SECTION 4) Additional Information**

*I have completed this section and for each item listed, I have given/not given consent as I have deemed appropriate for my child.*

Signature of parent/carers \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**I declare that the information given in this form is accurate and will endeavour to inform the school of any changes to the pupil's personal details and contact details given at the earliest opportunity.**  
**I have read the School's Privacy Notice and understand the legal basis for the information collected in this form, how it is used and shared with third parties.**

Signature of parent/carers \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_