

# Kidmore End Primary School



## 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.)*

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	Notes
	<i>(Please circle your response)</i>	
Internet use - under supervision	Denied	Granted
Off site trips in the local area	Denied	Granted
Parent contact details to be shared with Kidmore End School Association (KESA)	Denied	Granted
Parent contact details to be shared with ParentMail	Denied	Granted
Photographs/videos for use in the local press	Denied	Granted
Photographs/videos for use on Social Media e.g. Facebook/Twitter	Denied	Granted
Photographs/videos for use on the school website or publications	Denied	Granted

Photographs/Videos - for use within school premises      Denied      Granted

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To be included in class group photographs      Denied      Granted

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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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