

2024



NEW STARTER FORM

TO BE COMPLETED BY THE PERSON WITH PARENTAL RESPONSIBILITY FOR THE CHILD

Please write clearly in CAPITAL letters.

PLEASE RETURN THE FORM TO THE JUNIOR SCHOOL OFFICE BY WEDNESDAY 5TH June 2024.

Child's Full Name:	
Gender:	
Date of Birth:	
Child's Ethnicity:	
Religion:	
Home Language:	
First Language:	
Country of Birth:	
Nationality:	
PARENT CONTACT DETAILS	
Name:	
Relationship to child:	
Address:	
Telephone Numbers: (Home/mobile)	
Email address:	

'We are a community of learners, fostering and developing a life-long love of learning.'

Emergency Contact 2:	
Name:	
Relationship to child:	
Address:	
Telephone numbers: (Home/Mobile)	
Email address:	
Emergency Contact 3:	
Name:	
Relationship to child:	
Address:	
Telephone numbers: (Home/Mobile)	
Emergency Contact 4:	
Name:	
Relationship to child:	
Address:	
Telephone numbers: (Home/Mobile)	

MEDICAL & DIETARY REQUIREMENTS		
Does your child have a medical condition requiring medical treatment or medication? If yes, please give details;		Yes/No
Does your child have any allergies to certain medication? If yes, please give details;		Yes/No
Does your child have any food allergies/special dietary requirements? If yes, please give details below;		Yes/No
Does your child have an Epi-Pen?		Yes/No
I wish to draw the following to the school's attention:		Please provide details:
Toileting difficulties	Yes/No	
Recent operations or treatment	Yes/No	
Other conditions which may affect fitness to participate in certain activities	Yes/No	
Family Doctor details:		
Name of Surgery:		
Address:		
Telephone Number:		
NHS Number:		

CONSENTS:	
I give consent for my child:	
To leave the school premises for local, curriculum related visits/trips	Yes/No
To receive First Aid as necessary including insect bite and sting relief	Yes/No
Photograph permission for images to be used in printed or electronic form for the school and on the school website	Yes/No
Photograph permission for images to be used in printed or electronic form for news media	Yes/No
Internet access during school hours – Online Agreement in the Parent Handbook	Yes/No
I have read and agree to the school’s Home School Agreement – in the Parent Handbook	Yes/No
I have read and agree to the school’s Behaviour Policy – in the Parent Handbook	Yes/No
My child’s information being shared with Secondary Schools (subject to GDPR Regulations)	Yes/No
I undertake to inform the school as soon as possible of any changes to the information provided	Yes/No
Signed:	
Name (in Capitals):	
Relationship to child:	Date: