

2025



NEW STARTER FORM

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

PLEASE COMPLETE THIS FORM ELECTRONICALLY AND EMAIL TO
admin@nascotwoodjm.herts.sch.uk BY Monday 30TH June 2025.

| | |
|---|---|
| Child's First Name: | |
| Child's Middle Name: | |
| Child's Last Name: | |
| Gender: | |
| Date of Birth: | |
| Child's Ethnicity: | |
| Religion: | |
| First Language: | |
| English Proficiency: (Please highlight the appropriate) | <input type="radio"/> New to English <input type="radio"/> Early Acquisition <input type="radio"/> Developing Competence <input type="radio"/> Competent <input type="radio"/> Fluent |
| 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.'

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| 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 | | |
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| 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: | |
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| 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: |