

2026



# 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](mailto:admin@nascotwoodjm.herts.sch.uk) by Thursday 18th June 2026.

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:	
<b>PARENT CONTACT DETAILS</b>	
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.'*

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

<b>MEDICAL &amp; DIETARY REQUIREMENTS</b>		
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
<b>I wish to draw the following to the school's attention:</b>		<b>Please provide details:</b>
Toileting difficulties	Yes/No	
Recent operations or treatment	Yes/No	
Other conditions which may affect fitness to participate in certain activities	Yes/No	
<b>Family Doctor details:</b>		
Name of Surgery:		
Address:		
Telephone Number:		
NHS Number:		

CONSENTS:	
<b>I give consent for my child:</b>	
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: