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Growing in faith: loving and learning together with Jesus

Headteacher: Mrs L Waldram, BSc (Hons) PGCE

St. Mary's Catholic Primary School St. Vincent's Catholic Primary School

New Starter Form

**Please provide evidence to support your application.
We will take a copy of these documents.**

- ☐ Birth certificate
- ☐ Passport
- ☐ Proof of address (e.g. Utility Bill/Tenancy Agreement)
- ☐ Baptismal certificate
- ☐ Visa/residence permit

Personal Details of Pupil

School applying for	St. Mary's <input type="checkbox"/>	St. Vincent's <input type="checkbox"/>
Legal Surname		
First name		
Middle name(s)		
Preferred first name		
Date of birth		Male <input type="checkbox"/> Female <input type="checkbox"/>

Home details

Address House number and street name			
Town		Postcode	
Name of PLAYGROUP/NURSERY or PREVIOUS SCHOOL attended if relevant:			
Playgroup/Nursery/Previous school name and address			



The Glory of God is a Human Being Fully Alive!



Emergency Contact Information

Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

Contact 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 1 telephone numbers:					Tick priority contact number	
Tick priority contact number						
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email						
Additional information (if any)						

Contact 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 2 telephone numbers:					Tick priority contact number	
Tick priority contact number						
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email						
Additional information (if any)						

Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 3 telephone numbers:					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email						
Additional information						

Does your child have any Special Educational Needs?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	EHCP	<input type="checkbox"/>	Under any other services, e.g. Edwin Lobo, Speech and Language, etc.	<input type="checkbox"/>
If yes, please give details below and continue on a separate page if necessary:							
NB Staff to inform SENDCO if yes is ticked so a meeting can be held regarding the child's needs.							

Does your child have any relatives currently at St. Mary's or St. Vincent's?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Relationship (e.g. brother, cousin, etc.):
		Year group (if known):

Religion (If Catholic, please provide evidence in the form of a baptismal certificate).			
Language spoken at home		English <input type="checkbox"/>	Other <input type="checkbox"/>
If other, what are those languages?			
What language does your child speak?			
Ethnic Group (Please tick one of the boxes below)			Court Orders
White	- British	<input type="checkbox"/>	Are any court orders applicable to your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give further details below
	- Irish	<input type="checkbox"/>	
	- Traveller of Irish Heritage	<input type="checkbox"/>	
	- Gypsy/Roma	<input type="checkbox"/>	
	- Italian	<input type="checkbox"/>	
	- White other	<input type="checkbox"/>	
Mixed	- White and Black Caribbean	<input type="checkbox"/>	
	- White and Black African	<input type="checkbox"/>	
	- White and Asian	<input type="checkbox"/>	
	- Any other Mixed background	<input type="checkbox"/>	
Asian or Asian British	- Indian	<input type="checkbox"/>	
	- Pakistani	<input type="checkbox"/>	
	- Bangladeshi	<input type="checkbox"/>	
	- Any other Asian background	<input type="checkbox"/>	
Black or Black British	- Caribbean	<input type="checkbox"/>	
	- African	<input type="checkbox"/>	
Chinese		<input type="checkbox"/>	
Any other ethnic background		<input type="checkbox"/>	
Prefer not to say		<input type="checkbox"/>	

Additional information

Medical Information

Practice name			
Practice address	Telephone number		
Does your child have any HEALTH problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant:			
Any other information relating to your child's health that you feel the school should be aware of:			
Dietary Needs (if any)			
Dental Practice address and telephone number:			

I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/carer: _____

Print name: _____ Date: _____

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by St Mary's Catholic Primary School for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.