**New Starter Form Personal Details of Pupil**

|  |  |
| --- | --- |
| School applying for | **St. Mary’s St. Vincent’s**  |
| Surname |  |
| Legal Surname |  |
| Other Names |  |
| Preferred known name |  |
| Date of birth |  | Male Female  |
| Home address |  |
| No and street name |  |
| Town |  |
| Postcode |  | Tel no |  |
| Email Addresses (to receive weekly newsletters etc): |
| Parent/Carer 1, Name: | Email: |
| Parent/Carer 2, Name: | Email: |
| Name of any related pupil currently at this school: |
| Full Name |  | Relationship to above pupil |  |
| Name of **PLAYGROUP/NURSERY or PREVIOUS SCHOOL** attended if relevant: |
| Playgroup/Nursery/Previous school Name |  |
| County  |  |
|  |  |

|  |  |
| --- | --- |
| **Additional information** |  |
| Religion |  | **Mother Tongue** (Language spoken at home) | English  | NOT English  |
| **If not English, please state the home language here:** |  |
| **Ethnic Group**(Please tick one of the boxes below) | **Court Orders** |
| **White** | - British |  | Are any court orders applicable to your child? Yes No  |
| - Irish |  | If yes, please give further details below |
| - Traveller of Irish Heritage |  |  |
| - Gypsy/Roma |  |
| - Italian |  |
| - White other |  |
| **Mixed** | - White and Black Caribbean |  |
| - White and Black African |  |
| - White and Asian |  |
| - Any other Mixed background |  |
| **Asian or Asian British** | - Indian |  |
| - Pakistani |  |
| - Bangladeshi |  |
| - Any other Asian background |  |
| **Black or Black British** | - Caribbean |  |
| - African |  |
|
| **Chinese** |  |
| **Any other ethnic background** |  |
| **Prefer not to say** |  |

**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 |  |  | Relationship to child  |
| Mobile |  |  |  |
| Work |  |  |
| 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 |  |  | Relationship to child  |
| Mobile |  |  |  |
| Work |  |  |
| 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 |  |  | Relationship to child |
| Mobile |  |  |  |
| Work |  |  |
| Additional information(if any) |  |

**Contact 4** (***optional***)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Mr | Mrs | Ms | Miss | Other (please specify) |  |
| Full Name |  |
| Address if different from pupil address |  |
| ***Contact 4 telephone numbers:***  | Tick priority contact number  |
| Home |  |  | Relationship to child |
| Mobile |  |  |  |
| Work |  |  |
| Additional information(if any) |  |

**Medical Information**

|  |  |
| --- | --- |
| Doctor's name |  |
| Practice name |  |
| Practice address | Telephone number |
|  |
| Do you give permission for the school to contact Doctor if necessary? | Yes No  |
| Does your child have any HEALTH problems? | Yes  | No  |
| If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant: |
| Do you give permission for the school to administer medicine if necessary? | Yes No  |
| Any other information relating to your child’s health that you feel the school should be aware of: |
| **Dietary Needs** (if any) |  |
| Child’s Dentist: |  |
| Practice address and telephone number: |

|  |
| --- |
| **Meal arrangements** *(please tick relevant box)* |
| Free School Meal  | Paid School Meal  | Sandwiches  | Home  |
| **Usual mode of travel to school** *(please tick relevant box)* |
| Walk  | Cycle  | Car/Van  | Car Share\*  | Taxi  | Train  | Other  |
| Public Service Bus  | School Bus  | Bus (type not known)  |
| \* *car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school* |
| **Does your child have any Special Educational Needs?** |
| No  | Yes  | Statemented  |
| 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?** |
| No  | Yes  | Relationship (e.g. brother, cousin, etc.):Year group (if known): |

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/guardian

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.