

# NEWTON HILL COMMUNITY SCHOOL



## New Student Form

### Student Details

Legal Surname: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Known Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Date of Birth:   /   /

Gender: ☐ Male ☐ Female

Home Telephone 1: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone 2: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Postcode: \_\_\_\_\_

Religion: \_\_\_\_\_

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)

Country of Birth: \_\_\_\_\_

Ethnicity (please tick)

☐ White: British

☐ White: Irish

☐ White: Traveller of Irish Heritage

☐ White: Other

☐ White: Gypsy / Roma

☐ Mixed: White and Black Caribbean

☐ Mixed: White and Black African

☐ Mixed: White and Asian

☐ Mixed: Other

☐ Any other ethnic group (please state) \_\_\_\_\_

☐ Asian or Asian British: Indian

☐ Asian or Asian British: Pakistani

☐ Asian or Asian British: Bangladeshi

☐ Asian or Asian British: Other

☐ Black or Black British: Caribbean

☐ Black or Black British: African

☐ Black or Black British: Other

☐ Chinese

☐ Prefer not to say

First Language

☐ English

☐ Other (please state) \_\_\_\_\_

☐ Prefer not to say

Language Spoken at Home

☐ English

☐ Other (please state) \_\_\_\_\_

☐ Prefer not to say

What type of lunchtime meal will your child be having? \_\_\_\_\_

(e.g. Dinners, Free Dinners, Go Home, Sandwiches etc.)

Is your child entitled to free transport to and from school?

☐ Yes

☐ No

What is your child's usual mode of travel to and from school? \_\_\_\_\_

(e.g. Walk, Cycle, Car/Van, Car Share (with children from a different household), Public Bus, School Bus, Taxi, Train etc.)

## Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
5						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

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### Siblings

If your child has any siblings who attend this school, please provide their names and dates of birth.

Known Name	Surname	Date of Birth

### Medical Details

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Do you give permission for the school to call the doctor in an emergency? ☐ Yes ☐ No

Do you give permission for the school to administer first aid in an emergency? ☐ Yes ☐ No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines, etc.)

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### Parental Consent

Consent Type	Permission (Please circle your response)		Notes
111On Site - Use the internet in line with schools acceptable usage policy	Denied	Granted	
112On Site - Take part in food preparation/cooking and tasting activities	Denied	Granted	
113Off Site - Supervised visits/sports events to local destinations within 3 miles of the school	Denied	Granted	
114Off Site - Supervised 1-day non residential visits within the UK-permission slips to parent/carers	Denied	Granted	
115Off Site - Supervised swimming off site (Sun Lane Leisure Centre)	Denied	Granted	
116Medical - My child to be given first aid by a trained member of staff on and off site	Denied	Granted	

117Medical - My child to receive medical treatment as may be considered necessary by medical auth.	Denied	Granted
118Medical - My childs information to be shared with the NHS and other relevant health professionals	Denied	Granted
119Medical - Plasters to be applied to my child	Denied	Granted
120Medical - Staff members to administer the medicines a specified on signed medical forms	Denied	Granted
121Image to be used as part of school wall displays/class activities	Denied	Granted
122Image (not named) to be used on the school website	Denied	Granted
123Image (not named) to be used on the school messaging app Parent Hub	Denied	Granted
124Image (not named) to be used in external media e.g. local newspaper press release	Denied	Granted
125Image to be included in the schools annual formal individual photos	Denied	Granted
126Image to be included in the schools annual formal whole school/class photos	Denied	Granted
127Named work to be displayed around the school on wall displays	Denied	Granted
128Do you give permission for photo?s to be taken of your child at FEET.	Denied	Granted
Permission to contact via Email	Denied	Granted
Permission to contact via Phone	Denied	Granted
Permission to contact via Text Message	Denied	Granted
Permission to contact when Emergency Release1 ICE or illness and parent cannot be contacted	Denied	Granted
Permission to contact when Emergency Release2 ICE or illness and parent cannot be contacted	Denied	Granted

I confirm that the above information is correct:

Signed: \_\_\_\_\_

Date:   /   /

The information on this form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679