

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

Asian or Asian British: Indian

White: Irish

Asian or Asian British: Pakistani

White: Traveller of Irish Heritage

Asian or Asian British: Bangladeshi

White: Other

Asian or Asian British: Other

White: Gypsy / Roma

Black or Black British: Caribbean

Mixed: White and Black Caribbean

Black or Black British: African

Mixed: White and Black African

Black or Black British: Other

Mixed: White and Asian

Chinese

Mixed: Other

Prefer not to say

Any other ethnic group (please state) _____

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

117	Medical - My child to receive medical treatment as may be considered necessary by medical auth.	Denied	Granted
118	Medical - My child's information to be shared with the NHS and other relevant health professionals	Denied	Granted
119	Medical - Plasters to be applied to my child	Denied	Granted
120	Medical - Staff members to administer the medicines as specified on signed medical forms	Denied	Granted
121	Image to be used as part of school wall displays/class activities	Denied	Granted
122	Image (not named) to be used on the school website	Denied	Granted
123	Image (not named) to be used on the school messaging app Parent Hub	Denied	Granted
124	Image (not named) to be used in external media e.g. local newspaper press release	Denied	Granted
125	Image to be included in the school's annual formal individual photos	Denied	Granted
126	Image to be included in the school's annual formal whole school/class photos	Denied	Granted
127	Named work to be displayed around the school on wall displays	Denied	Granted
128	Do 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