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**Caslon Primary**

**New Student Form**

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| **Student Details:** |  |
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| --- |
| Legal Surname: |
| First Name: |
| Middle Name(s): |

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| --- |
| Preferred Surname: |
| Known Name: |
| Date of Birth: |

 |
| **Gender:** |  |
| **Home Address:** |

|  |
| --- |
| Home Telephone 1: |
| Home Telephone 2: |
| Mobile: |
| Email Address: |

 |
| **Postcode:**  | **Religion:** (e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)  |
| **Ethnicity:**  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?  |
| 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.) |

**Emergency Contact Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | **Surname** | **Gender** | **Relationship to child** | **Parental responsibility** |
| 1 |  |  |  |  |  |  |
| Address:Postcode: | Email Address: |
| **Home phone** | **Mobile** | **Work phone** | **Main phone no.** |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | **Surname** | **Gender** | **Relationship to child** | **Parental responsibility** |
| 2 |  |  |  |  |  |  |
| Address:Postcode: | Email Address: |
| **Home phone** | **Mobile** | **Work phone** | **Main phone no.** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | **Surname** | **Gender** | **Relationship to child** | **Parental responsibility** |
| 3 |  |  |  |  |  |  |
| Address:Postcode: | Email Address: |
| **Home phone** | **Mobile** | **Work phone** | **Main phone no.** |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | **Surname** | **Gender** | **Relationship to child** | **Parental responsibility** |
| 4 |  |  |  |  |  |  |
| Address:Postcode: | Email Address: |
| **Home phone** | **Mobile** | **Work phone** | **Main phone no.** |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Priority** | **Title** | **First Name** | **Surname** | **Gender** | **Relationship to child** | **Parental responsibility** |
| 5 |  |  |  |  |  |  |
| Address:Postcode: | Email Address: |
| **Home phone** | **Mobile** | **Work phone** | **Main phone no.** |
|  |  |  |  |

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**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Practice Name** | **Doctor Name** | **Practice Address** | **Telephone 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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**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