



New Student Form

Student Details

Legal Surname	_____	Preferred Surname	_____
First Name	_____	Known Name	_____
Middle Name(s)	_____	Date of Birth	___ / ___ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone 1	_____
Home Address	_____	Home Telephone 2	_____
	_____	Mobile	_____
	_____	Email Address	_____
	_____	Nationality	_____
Postcode	_____		

Ethnicity (please tick)

<input type="checkbox"/> White: British	<input type="checkbox"/> Asian or Asian British: Indian
<input type="checkbox"/> White: Irish	<input type="checkbox"/> Asian or Asian British: Pakistani
<input type="checkbox"/> White: Traveller of Irish Heritage	<input type="checkbox"/> Asian or Asian British: Bangladeshi
<input type="checkbox"/> White: Other	<input type="checkbox"/> Asian or Asian British: Other
<input type="checkbox"/> White: Gypsy / Roma	<input type="checkbox"/> Black or Black British: Caribbean
<input type="checkbox"/> Mixed: White and Black Caribbean	<input type="checkbox"/> Black or Black British: African
<input type="checkbox"/> Mixed: White and Black African	<input type="checkbox"/> Black or Black British: Other
<input type="checkbox"/> Mixed: White and Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Any other ethnic group

First Language Welsh English Other (please state) _____

Language Spoken at Home Welsh English Other (please state) _____

Child's Fluency in Welsh Fluent in Welsh Speaks Welsh but not fluently Cannot speak Welsh at all

Welsh at School Taught Welsh as a first language Taught Welsh as a second language

Taught other Welsh Not taught Welsh at all

Disapplied from Curriculum by SEN statement

Is your child entitled to Free School Meals? Yes No

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	*Txt?	Y/N	Mobile	*Txt?	Y/N	Work Phone
						Main phone no.
						*Txt? Y/N

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

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

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

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

*Txt? Please indicate which phone number(s) can be used with our text messaging service.

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

Siblings

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

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.)

I confirm that the above information is correct:

Signed : _____

Date : _____

Data Protection Act 1998 - The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.