



New Pupil Form

CONFIDENTIAL

We, Swallowfield Lower School have a legal obligation to collect certain information about your child attending our school. The reason we ask for this information, how we keep the information secure and who we share it with is detailed in the **School Privacy Notice** which accompanies this form.

There are additional items of information which our school is specifically asking for and requires your consent. These additional items are identified in Section 4 within this form.

Please complete this form for your child and return it to the school office as soon as possible.

If you need any guidance, assistance or further clarification with completing this form, please ask a member of the school office to help you.

SECTION 1 Personal Details of Pupil

Surname		Legal Surname	
First Name		Other names	
Preferred known name			
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Please note: we will ask to see your child's Birth Certificate to verify the date of birth

Pupil Home address

House No & Street name			
Address line 2			
Town			
Postcode		Address tel no	



Head Teacher: Mrs K Brewer NPQH
Email: office1@swallowfieldprimary.com
www.swallowfieldprimary.com



*** Siblings**

If your child has any siblings/other related pupils currently at this school, please provide their details:

Full Name	Relationship to your child
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HM Forces: Is the pupil the child of a parent or parents serving in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil?

No Yes Prefer not to say

** denotes additional information the school needs for school management purposes*

*** Previous setting**

Name of **PLAYGROUP/NURSERY** or **PREVIOUS SCHOOL** attended if relevant:

Previous Playgroup/Nursery/School name	County
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Has the pupil come from abroad? ?

No Yes If Yes, which country?

Language

First Language	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Language spoken at home	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say

Ethnicity

(Please tick one of the boxes below)

- White**
- White: British
- White: Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Italian
- White other
- White and Black Caribbean
- White and Black African
- Mixed**
- White and Asian
- Any other Mixed background
- Indian
- Asian or Asian British**
- Pakistani
- Bangladeshi
- Any other Asian background
- Caribbean
- Black or Black British**
- African
- Any other background
- Chinese**
- Any other ethnic background**
- Prefer not to say**

Nationality
If dual nationality, please enter all that apply

Prefer not to say

Country of Birth

Prefer not to say

Religion

- Catholic Hindu Muslim Sikh
- Christian Jewish No Religion
- Other (please state)

Court Orders Yes No not applicable

Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)

SECTION 2 Emergency Contact Information

This information is required to allow the school to manage your child's safety and well being and contact you when needed and in cases of emergency.

As the main parent/carer completing this form, **please ask for the permission of all other contacts for their details to be included in this section.** The school will act upon the information provided.

Please **enter contact details in the order you wish them to be contacted** in the event of an emergency. You can enter details for up to **four** individual contacts.

Contact 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father)		
Contact 1 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>
Email address						

Contact 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father)		
Contact 2 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>
Email address						

Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father/aunt etc.)		
Contact 3 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>

SECTION 3 Medical and Health information of pupil

The information asked for below is required in the interests of safety and well being of your child whilst in our care.

Medical Information <i>Doctor's name</i>			
Medical Practice <i>Name</i>			
Medical Practice address			Practice telephone number
Postcode			
Do you give permission for the school to contact the Doctor in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you give permission for the school to administer medicine/first aid in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical Conditions <i>Does your child have any medical conditions that the school should be aware of?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If Yes, please give details of the condition(s) (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed:</i>			
<p>Does your child have any Special Educational Needs?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have an Education Health Care Plan (EHCP)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>Dietary Needs - Does your child have any specific dietary needs?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)</p>			
<p>Meal arrangements - What type of lunchtime meal will your child be having? (please tick relevant box)</p> <p><input type="checkbox"/> Free School Meal <i>Universal Infant Free School meal for ALL children in Years Reception, 1 & 2</i></p> <p><input type="checkbox"/> Paid School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Home</p>			

Signature of parent/carer _____

Print name _____ Date _____