**New Starter Form**

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| Surname: |  | Middle name: |  |
| Forename: |  | Chosen name: |  |
|  |  |  |  |
| Gender: |  | Date of Birth: |  |
|  |  | Position in Family: |  |
|  |  |  |  |
| Date of Admission: |  | Year Group: |  |
|  |  | Class Group: |  |
|  |  |  |  |
| Address: |  | Home Telephone: |  |
|  |  | Mobile: |  |
|  |  | E-mail Address: |  |
| Postcode: |  |  |  |

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| Pupil Premium Funding Data Collection |
| Mothers Name: |  | Fathers Name: |  |
| Date of Birth: |  | Date of Birth: |  |
| National Insurance No. |  | National Insurance No. |  |

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| Country of Birth:  |  |
| Nationality: |  |
| First Language: |  |
| Religion: |  |

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| English as an Additional Language |
| What Home language is spoken? |  |
| Is your Home language spoken to children? |  |

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| Military Personnel: YES/NO – If yes, please complete information below. |
| Regiment: |  |
| Rank: |  |

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| Sibling Information |
| Names of Siblings | Date of Birth | Position in Family |
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| Emergency Contacts |
| Name | Relationship to pupil | Address | Telephone Number |
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| Medical Information |
| Surgery Name |  | Address |  |
| Name of Doctor |  |  |  |
| Telephone |  | Post Code |  |
| Medical Conditions |  |
| Known Allergies |  |

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| Lunchtime arrangements (please tick as applicable) |
| Universal Free School Lunch |  | Packed Lunch |  | Home |  |
| Special Dietary Requirements |  |

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| Transport Arrangements (please tick as applicable) |
| Walk |  | Bicycle |  | Car |  | Taxi |  | Bus |  |

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| Pre-School Provision (please delete as applicable) |
| Nursery full-time/part-time | Sessional care full-time/part-time | Full daycare full-time/part-time |

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| Previous School Attendance |
| Name of School | Dates Attended |
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| Special Needs Information (please complete if applicable) |
| Premium Funded |  |
| Additional Needs |  |
| Dates and Hours |  |
| Additional information: (Speech & Language, Hearing or Physical difficulties etc.) |  |

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| Any Other Information |
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