**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. |  |

|  |  |
| --- | --- |
| 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 |  |

|  |  |  |
| --- | --- | --- |
| 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 |
|  |