

# Tintwistle CE (A) Primary School

Welcome to our school. Please could we ask that every section of the form is completed before returning it back to us. Also please note that the Parental Consent section and Permissions Form covers your child for the whole time they are at Tintwistle Primary School. However, if at any time you do need to make any amendments, you can do, but this must be done in writing to the school office. Thank you.

## New Student Form

### Student Details

Legal Surname: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Known Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Date of Birth:   /   /

Gender:  Male  Female

Home Telephone 1: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone 2: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

Postcode: \_\_\_\_\_

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)

Ethnicity (please tick)

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?  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		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

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

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

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

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

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**

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.)

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**Parental Consent**

Consent Type	Permission <i>(Please circle your response)</i>		Notes
Can we administer first aid or urgent medical treatment to your child in an emergency?	Denied	Granted	
Can we call the doctor for your child in an emergency?	Denied	Granted	
Can we use your mobile number to send text messages to you relating to school/your child?	Denied	Granted	
Can your child's name appear in a newspaper?	Denied	Granted	
Can your child's name appear on the school Facebook page?	Denied	Granted	
Can your child's name appear on the school website?	Denied	Granted	

Can your child's name be used on social media by official school partners relating to school events?	Denied	Granted
Can your child's photo's be kept for future school/community historical events? (not for marketing)	Denied	Granted
Can your child's photo appear in a newspaper?	Denied	Granted
Can your child's photo appear on the school Facebook page?	Denied	Granted
Can your child's photo appear on the school website?	Denied	Granted
Can your child's photo be used on social media by official school partners relating to school events	Denied	Granted
Can your child participate in publicity events eg TV/Radio?	Denied	Granted
Can your child participate in walks around the local area with adult supervision?	Denied	Granted
Can your child visit places of worship in the local area?	Denied	Granted

### Early Years Funding

If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.

Is your child in receipt of Early Years Pupil Premium? If so, please state the eligibility reason:

- In receipt through economic reasons
- In receipt through other reasons
- In receipt through economic reasons and other reasons

Is your child entitled to early years free childcare?  Yes  No  
*(This is the 15 hours of free childcare available for 3 to 4 year olds and some 2 year olds)*

Is your child entitled to the extended 30 hours of free childcare?  Yes  No

What is your child's 30-hour code?              
*(This is an 11 digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)*

Is your child eligible for the Disability Living Allowance (DLA)?  Yes  No  
*(Used for checking the eligibility of the Disability Access Fund)*

## Funding

If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.

Is your child entitled to Free School Meals?  Yes  No

(This does not include Universal Infant Free School Meals where all children in Years Reception, 1 and 2 are eligible)

Does the child have a parent currently serving in the UK military?  Yes  No  Prefer not to say

If Yes, please provide your PStat Cat Number (Personal Status Category number):  (Optional)

Is the child in care?  Yes  No

Does the child have any post looked after arrangements? If so, please state the reason why the child has left care:

- Adoption
- Special guardianship order (SGO)
- Residence order (RO)
- Child arrangement order (CAO)
- Prefer not to say

## Parent, Guardian or Carer's information for funding eligibility

If you believe your child is eligible for additional funding as indicated in the Funding related sections above, please provide your details below so that we can carry out eligibility checks.

### Parent/Guardian 1

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: //

National Insurance Number:

### Parent/Guardian 2

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: //

National Insurance Number:

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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

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