

New Starter Form

Toddington St. George Church of England School

Manor Road, Toddington, Beds. LU5 6AJ

Headteacher : Mrs. J. Spencer

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www.toddington-st-george.beds.sch.uk



Personal Details of Pupil

Surname			
Legal Surname			
Other Names			
Preferred known name			
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>

Home address

No and street name			
Town			
Postcode		Address tel no	

Name of any related pupil currently at this school:

Full Name		Relationship to above pupil	
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Name of **PLAYGROUP/NURSERY** or **PREVIOUS SCHOOL** attended if relevant:

Playgroup/Nursery/Previous school Name	
County	

Additional information

Religion		Mother Tongue (Language spoken at home)	English <input type="checkbox"/>	NOT English <input type="checkbox"/>
		Nationality		

Ethnic Group		(Please tick one of the boxes below)		Court Orders	
White	- British	<input type="checkbox"/>		Are any court orders applicable to your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give further details below	
	- Irish	<input type="checkbox"/>			
	- Traveller of Irish Heritage	<input type="checkbox"/>			
	- Gypsy/Roma	<input type="checkbox"/>			
	- Italian	<input type="checkbox"/>			
	- White other	<input type="checkbox"/>			
Mixed	- White and Black Caribbean	<input type="checkbox"/>			
	- White and Black African	<input type="checkbox"/>			
	- White and Asian	<input type="checkbox"/>			
	- Any other Mixed background	<input type="checkbox"/>			
Asian or Asian British	- Indian	<input type="checkbox"/>			
	- Pakistani	<input type="checkbox"/>			
	- Bangladeshi	<input type="checkbox"/>			
	- Any other Asian background	<input type="checkbox"/>			
Black or Black British	- Caribbean	<input type="checkbox"/>			
	- African	<input type="checkbox"/>			
Chinese		<input type="checkbox"/>			
Any other ethnic background		<input type="checkbox"/>			
Prefer not to say		<input type="checkbox"/>			

Emergency Contact InformationPlease enter contact details **in the order you wish them to be contacted** in the event of an emergency;**Contact 1**

Title	Mrs	Ms	Miss	Other (please specify)	
Full Name					
Address if different from pupil address					
Contact 1 telephone numbers:				Tick priority contact number	
Home				<input type="checkbox"/>	Relationship to child
Mobile				<input type="checkbox"/>	
Work				<input type="checkbox"/>	
Additional information (if any)					
Email address:					

Contact 2

Title	Mr	Other (please specify)	
Full Name			
Address if different from pupil address			
Contact 2 telephone numbers:		Tick priority contact number	
Home		<input type="checkbox"/>	Relationship to child
Mobile		<input type="checkbox"/>	
Work		<input type="checkbox"/>	
Additional information (if any)			

Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 3 telephone numbers:					Please tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information						

Contact 4 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 4 telephone numbers:					Please tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information						

Medical Information

Doctor's name			
Practice name			
Practice address			Practice telephone number
Do you give permission for the school to contact Doctor if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have any HEALTH problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant:			
Do you give permission for the school to administer medicine if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any other information relating to your child's health that you feel the school should be aware of:			
Dietary Needs (if any)			

Meal arrangements (please tick relevant box)

Free School Meal <input type="checkbox"/>	Paid School Meal <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Home <input type="checkbox"/>
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Usual mode of travel to school (please tick relevant box)

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Car Share* <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>
Public Service Bus <input type="checkbox"/>	School Bus <input type="checkbox"/>	Bus (type not known) <input type="checkbox"/>				

* car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school

Does your child have any Special Educational Needs?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Statemented <input type="checkbox"/>
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I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/guardian _____

Print name _____ Date _____

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by **Toddington St. George Church of England School** for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.