**New Starter Form**

**Please provide evidence to support your application.
We will take a copy of these documents.**

* **Birth certificate**
* **Passport**
* **Proof of address (e.g. Utility Bill/Tenancy Agreement)**
* **Baptismal certificate**
* **Visa/residence permit**

**Personal Details of Pupil**

|  |  |
| --- | --- |
| School applying for | **St. Mary’s St. Vincent’s**  |
| Legal Surname |  |
| First name |  |
| Middle name(s) |  |
| Preferred first name |  |
| Date of birth |  | Male Female  |
| **Home details** |
| AddressHouse number and street name |  |
| Town |  | Postcode |  |
| Name of **PLAYGROUP/NURSERY or PREVIOUS SCHOOL** attended if relevant: |
| Playgroup/Nursery/Previous school name and address |  |

**Emergency Contact Information**

Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

**Contact 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  Mr  | Mrs | Ms | Miss | Other (please specify) |  |
| Full Name |  |
| Address if different from pupil address |  |
| ***Contact 1 telephone numbers***: Tick priority contact number  | Tick priority contact number |
| Home |  |  | Relationship to child  |
| Mobile |  |  |  |
| Work |  |  |
| Email |  |
| Additional information (if any) |  |

**Contact 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  Mr | Mrs | Ms | Miss | Other (please specify) |  |
| Full Name |  |
| Address if different from pupil address |  |
| ***Contact 2 telephone numbers:*** Tick priority contact number  | Tick priority contact number |
| Home |  |  | Relationship to child  |
| Mobile |  |  |  |
| Work |  |  |
| Email |  |
| 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:*** | Tick priority contact number  |
| Home |  |  | Relationship to child |
| Mobile |  |  |  |
| Work |  |  |
| Email |  |
| Additional information  |  |

**Does your child have any Special Educational Needs?**

|  |  |  |  |
| --- | --- | --- | --- |
| No  | Yes  | EHCP  | Under any other services, e.g. Edwin Lobo, Speech and Language, etc.  |
| If yes, **please give details below** and continue on a separate page if necessary:NB Staff to inform SENDCO if yes is ticked so a meeting can be held regarding the child’s needs. |

**Does your child have any relatives currently at St. Mary’s or St. Vincent’s?**

|  |  |  |
| --- | --- | --- |
| No  | Yes  | Relationship (e.g. brother, cousin, etc.):Year group (if known): |

**Additional information**

|  |  |
| --- | --- |
| **Religion**(If Catholic, please provide evidence in the form of a baptismal certificate). |  |
|  |
| **Language** spoken at home | English  | Other  |
| If other, what are those languages? |  |
| What language does your child speak? |  |
|  |
| **Ethnic Group**(Please tick one of the boxes below) | **Court Orders** |
| **White** | - British |  | Are any court orders applicable to your child? Yes No  |
| - Irish |  | If yes, please give further details below |
| - Traveller of Irish Heritage |  |  |
| - Gypsy/Roma |  |
| - Italian |  |
| - White other |  |
| **Mixed** | - White and Black Caribbean |  |
| - White and Black African |  |
| - White and Asian |  |
| - Any other Mixed background |  |
| **Asian or Asian British** | - Indian |  |
| - Pakistani |  |
| - Bangladeshi |  |
| - Any other Asian background |  |
| **Black or Black British** | - Caribbean |  |
| - African |  |
|
| **Chinese** |  |
| **Any other ethnic background** |  |
| **Prefer not to say** |  |

**Medical Information**

|  |  |
| --- | --- |
| Practice name |  |
| Practice address | Telephone number |
|  |
| Does your child have any HEALTH problems? | Yes  | No  |
| If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant: |
| Any other information relating to your child’s health that you feel the school should be aware of: |
| **Dietary Needs** (if any) |  |
| Dental Practice address and telephone number: |

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/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection Act 1998**

Please note that personal details supplied on this form will be held and/or computerised by St Mary’s Catholic Primary 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.