



NEW STARTER FORM

INSTRUCTIONS FOR COMPLETION: Please complete in CAPITALS.
Any sections left blank will be assumed to be not applicable and marked 'No'.
You may be contact to verify any information.

Personal Details of Student (as detailed on their Birth Certificate)

Legal Forename:	Middle Name:
Legal Surname:	Preferred Surname:
Preferred Forename:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	
Name Change/Gender Deed Poll Documents: Yes <input type="checkbox"/> No <input type="checkbox"/>	

OFFICE USE ONLY- completed internally

Reg Group	Year Group	Enrolment Status	S G MD SD
Admission Date	House	Year Taught In	

Enrolment Status Key – S= Single, G= Guest, MD=Main dual, SD =Subsidiary dual

Pupil Address

House number or name and street name			
Town		County	
Post Code		Pupil Contact No.	

Emergency contact information

Please enter details **in the order you wish for them to be contacted** in the event of an emergency. Please include at least **one email address** as this is how any correspondence will be communicated home.

Contact/Priority 1

Title	Mr Mrs Miss Ms	Other (please specify)
Full Name		
Address		
Postcode		
Contact 1 Telephone numbers: Tick priority contact number		
Home	<input type="checkbox"/>	Relationship to the pupil Mother / Father / Other –(please specify)
Mobile	<input type="checkbox"/>	
Work	<input type="checkbox"/>	Parental Responsibility <input type="checkbox"/> Receive Pupil Reports/Correspondence* <input type="checkbox"/>
Email address		
Court Orders	Does this contact have a court order for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please inform us of any further details in writing. The school will be happy to make copies of any legal paperwork you may need to share with us.		

Contact/Priority 2

Title	Mr Mrs Miss Ms	Other (please specify)
Full Name		
Address		
Contact 2 Telephone numbers: Tick priority contact number		
Home	<input type="checkbox"/>	Relationship to the pupil Mother / Father / Other – (please specify)
Mobile	<input type="checkbox"/>	
Work	<input type="checkbox"/>	Parental Responsibility <input type="checkbox"/> Receive Pupil Reports/Correspondence* <input type="checkbox"/>
Email address		
Court Orders	Does this contact have a court order for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please inform us of any further details in writing. The school will be happy to make copies of any legal paperwork you may need to share with us.		

*One contact will receive the pupil report/correspondence if both contacts reside at the same address.

Internal Note: For any areas marked ± please make the SENCO aware of this student where appropriate.

Name of sibling currently attending Thomas Alleyne Academy

Full Name		Relationship to student	
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Meal Arrangements (only tick the most frequently used)

Free School Meal <input type="checkbox"/>	Home <input type="checkbox"/>	School Meal <input type="checkbox"/>	Packed Lunch/Sandwiches <input type="checkbox"/>
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± Medical Information

Practice Name		Contact Number	
Permission to contact students doctor in an emergency		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student have health problems		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details (e.g. Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant:			
Do you give the Academy permission to administer medicine if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please give details of any other information relating to your child's health that you feel the academy should be aware of:			

Ethnic/Cultural – Please see our Ethnicity list before completing – our database may be different to other schools – please state ONE only and as per the pupil's passport.

Ethnicity		Decline to provide information: <input type="checkbox"/>	
First Language		Nationality on Passport	
Country of Birth		Person Providing the data	Parent <input type="checkbox"/> Pupil <input type="checkbox"/>
Religion		Pupil's Proficiency in English	Not Required <input type="checkbox"/> Fluent <input type="checkbox"/> Competent <input type="checkbox"/>

Usual Mode of Travel (only tick ONCE and the most frequently used)

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Public Service Bus <input type="checkbox"/>	School Bus <input type="checkbox"/>	Car Share <input type="checkbox"/>	Taxi <input type="checkbox"/>
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Youth Support Services – Please see the Head of SENCO for further information

I give consent for the school to pass information to the Local Authorities Youth Support Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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± Service Child in Education (SCE) – Please see the Head of SENCO for further information

Additional Funds are available to the school for children of current Service Personnel, where the parent has left the Services from 2012 or if the child is in receipt of pensions under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)	Current Service Personnel Yes <input type="checkbox"/> No <input type="checkbox"/> Parent left the Services after from 2012 Yes <input type="checkbox"/> No <input type="checkbox"/> Child in receipt of an armed forces pension/compensation Yes <input type="checkbox"/> No <input type="checkbox"/>
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± Looked After and Adopted Children

Additional Funds are available to the school for children who are currently Looked After under local authority care or have ceased to be looked after by a local authority in England and Wales because of adoption, a special guardianship order, a child arrangements order or a residence order.	Looked After Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please state the following: Local Authority: _____ Start Date: _____ End Date: _____ Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Special Guardianship Order Yes <input type="checkbox"/> No <input type="checkbox"/> Child Arrangements Yes <input type="checkbox"/> No <input type="checkbox"/> Residence Order Yes <input type="checkbox"/> No <input type="checkbox"/>
The school may require making copies of any legal paperwork required.	

Internal Note: For any areas marked ± please make the SENCO aware of this student where appropriate.

± **Special Educational Needs - Please see the Head of SENCO for further information**

Does your child have any special educational needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Statemented / EHC Plan <input type="checkbox"/>	

± **Young Carer – Please see the Head of SENCO for further information**

Is your child a Young Carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state the following:		
Start Date:		End Date:

Name of previous school attended

School Name	
County	

Internet Use

Do you have access to the internet at home	If you answer no , please be aware that the school will keep you updated with all matters that arise at school. A planner will be provided for your child so that they are able to keep track of homework and appointments etc.
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Photographic Image

From time to time we may take photographs or video footage of your child/ren in and around the Academy, on trips and taking part in special events. We will sometimes use these images for internal displays and use for publishing in the local newspapers and for use on our newsletter and website.	I give consent for the school to use my child/ren's photograph. Yes <input type="checkbox"/> No <input type="checkbox"/>
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I agree that the information given in this form is accurate and I will endeavour to inform the Academy of any changes to the details given at the earliest opportunity.

Signature of parent/carer

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Print Name

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Date

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Data Protection Act 1998

Please note that personal details supplied on this form will be held and or computerised by **Thomas Alleyn Academy** for Education purposes. The information will be disclosed and held by the Local Authority, the DfE (Department of Education), the QCA (Qualifications and Curriculum Authority) and the Youth Support Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in our Privacy policy. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

ETHNIC/CULTURAL LISTS FOR THOMAS ALLEYNE ACADEMY DATA SYSTEM

Please be advised that this list is supplied by our system provider and we are unable to make any amendments to it. **Please check this list before adding the student's ethnicity to the new starter form.**

ETHNICITY LIST
Any other Asian background
Any other Black background
Any other Ethnic group
Any other mixed background
Bangladeshi
Black – African
Black- Caribbean
Chinese
Gypsy
Gypsy/Roma
Indian
Italian
Other Gypsy/Roma
Pakistani
Roma
Traveller of Irish Heritage
Turkish
Turkish Cypriot
White – British
White – Irish
White & Asian
White & Black African
White & Black Caribbean
White Other