**New Pupil Starter Form**

Dear Parents/Guardians,

We need to collect information about your child joining our school. We ask that you provide us with your child’s personal details, medical history and emergency contact details. You will find a New Starter Form attached to this letter for you to complete and send back to the school.

In addition to the information you provide us on the form, the school will also hold test results and records of assessment, some of which are non-statutory, and any other specific information that helps to support teaching and learning and to provide the support your child needs. If you require assistance with the completion of the form, please let us know and we will respond positively to individual requests.

The information you give us is treated as confidential and processed in compliance with the Date Protection Act. This legislation also gives you, as the parent/guardian of a child under the age of 12, the right to see this information if you wish.

In certain circumstances, we have to pass this information on to other organisations such as the Local Authority (LA), the Government’s Department for Education (DfE), the Standard’s & Testing Agency and to any other school your child eventually transfers to.

The accompanying **Privacy Notice** explains how we deal with your child’s information and the rights you or your child has to access this information.

If you need further information or need to discuss the contents of this letter further, please contact the Head Teacher at the school.

Yours sincerely

Mrs J Houghton

**Privacy Notice – Data Protection Act 1998**

Hawthorn Park Community Primary are a data controller for the purposes of the Data Protection Act. We collect information from you and may receive information about you from your previous school and the Learning Records Service. We hold this personal data and use it to:

* Support your teaching and learning
* Monitor and report on your progress
* Provide appropriate pastoral care
* Assess how well your school is doing

This information includes your contact details, national curriculum assessment results, attendance records and personal characteristics such as your ethnic group, any special educational needs and relevant medical information.

We will not give information about you to anyone outside the school without your consent unless the law and our rules allow us to.

We are required by law to pass some information about you to the Local Authority and the Department for Education (DfE)

If you want to see a copy of the information about you that we hold ad/or share, please speak to Mrs D Hall – School Business Manager.

If you require more information about how the Local Authority and/or DfE store and use your information, then please go to the following websites:

<http://www.centralbedfordshire.gov.uk/Images/LAPrivacyNotice_0312_tcm6-42318.pdf#False>

<http://www.education.gov.uk/schools/adminandfinance/schooladmin/ims/datamanagement/privacynotices/b00212337/datause>

**If you are unable to access these websites we can send you a copy of this information, please contact the Local Authority or Department for Education as follows:**

Rob Hutton, Principal Information & Records Officer

Priory House

Monks Walk

Chicksands

Shefford

SG17 5TQ

**Telephone:** 0300 300 8000

Public Communications Unit

Department for Education

Sanctuary Buildings

Great Smith Street

London

SW1P 3BT

Website: [www.education.gov.uk](http://www.education.gov.uk)

**Email:** http//www.education.gov.uk/help/contactus

**Telephone:** 0370 000 2288

**New Starter Form**

Please complete this form so that the school has an accurate set of information. Please ask a member of the school office if you need any guidance, assistance or further clarification with completing this form. When you have completed and signed the declaration section at the end of this form, please return it to the school as soon as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Details of Pupil** | | | | | |
| Surname |  | | | | |
| Legal Surname |  | | | | |
| Other Names |  | | | | |
| Preferred Known Name |  | | | | |
| Date of Birth |  | Male |  | Female |  |

Please Note: We will ask to see your child’s Birth Certificate/Passport to verify the date of birth.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Address** | | | | | | | | |
| Number and street name |  | | | | | | | |
| Town |  | | | | | | | |
| Post Code |  | Telephone number |  | | | | | |
| Is the pupil a child of a parent serving in the regular HM Forces (as a PStat Cat 1 or 2 personnel) exercising parental responsibility and care for the pupil? | | | No |  | Yes |  | Prefer not to say |  |

If your child has any siblings/other related pupils currently at this school, please provide their details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of any related pupils currently at this school**: | | | |
| Full Name(s): |  | Relationship to the above pupil: |  |

|  |  |
| --- | --- |
| **Name of Playgroup/Nursery/or Previous School attended if relevant:** | |
| Playgroup/nursery/previous school name and County |  |

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| --- | --- | --- | --- | --- |
| Was the pupil born in a different country? | Yes |  | No |  |
| If Yes, Which Country? |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **Additional Information** | | | | | |
| First Language |  | Prefer not to say |  | | |
| Language Spoken at home |  | Prefer not to say |
| **Ethnic group (Please tick one of the below boxes)** | | | | | |
| White | British | |  |  | |
| Irish | |  | Nationality: |  |
| Traveller of Irish heritage | |  |
| Gypsy/Roma | |  | Country of Birth: |  |
| Italian | |  |
| White other | |  | Religion:  Catholic Hindu Muslim Sikh  Christian Jewish No Religion  Other (please state) | |
| 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 | |  |  | |
| Other Ethnic background (please specify below): | | | |  | |
|  | | | |  | |
| Prefer not to say | | |  |  | |

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| --- | --- | --- | --- | --- |
| **Court orders** | | | | |
| Is there any court orders applicable to your child? | Yes |  | No |  |
| If yes, please give further details below: | | | | |

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**Emergency Contact Information**

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

Contact 1

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | | Mrs | |  | Miss |  | Other (please Specify) | |  |
| Full Name |  | | | | | | | | | | |
| Address if different from pupils’ address |  | | | | | | | | | | |
| Parental Responsibility | Yes | |  | | No |  | Relationship to child (Mother/Father/etc.) | | |  | |
| Contact 1 Telephone numbers (tick priority): |  | | | | | | | | | | |
| Home |  | | | | | | | | | | |
| Mobile |  | | | | | | | | | | |
| Work |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | |

Contact 2

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | | Mrs | |  | Miss |  | Other (please Specify) | |  |
| Full Name |  | | | | | | | | | | |
| Address if different from pupils’ address |  | | | | | | | | | | |
| Parental Responsibility | Yes | |  | | No |  | Relationship to child (Mother/Father/etc.) | | |  | |
| Contact 2 Telephone numbers (tick priority): |  | | | | | | | | | | |
| Home |  | | | | | | | | | | |
| Mobile |  | | | | | | | | | | |
| Work |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | |

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Contact 3 (optional)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | | Mrs | |  | Miss |  | Other (please Specify) | |  |
| Full Name |  | | | | | | | | | | |
| Address if different from pupils’ address |  | | | | | | | | | | |
| Parental Responsibility | Yes | |  | | No |  | Relationship to child (Mother/Father/etc.) | | |  | |
| Contact 3 Telephone numbers (tick priority): |  | | | | | | | | | | |
| Home |  | | | | | | | | | | |
| Mobile |  | | | | | | | | | | |
| Work |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | |

Contact 4 (optional)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | | Mrs | |  | Miss |  | Other (please Specify) | |  |
| Full Name |  | | | | | | | | | | |
| Address if different from pupils’ address |  | | | | | | | | | | |
| Parental Responsibility | Yes | |  | | No |  | Relationship to child (Mother/Father/etc.) | | |  | |
| Contact 4 Telephone numbers (tick priority): |  | | | | | | | | | | |
| Home |  | | | | | | | | | | |
| Mobile |  | | | | | | | | | | |
| Work |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | |

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| **Medical Information** | | | | | |
| Doctor’s Name |  | | | | |
| Practice Name |  | | | | |
| Practice Address: | | Practice Telephone Number | | | |
|  | | | |
| Do you give permission for the school to contact the doctor if necessary? | | Yes |  | No |  |
| Do you give permission for the school to administer Medicine/ First Aid? | | Yes |  | No |  |
| Does your child have any HEALTH problems? | | Yes |  | No |  |
| If Yes, please give details below,(e.g.: Asthma, Allergy, etc.) and any emergency procedures that need to be followed if relevant: | | | | | |
| Any other information related to your child’s health that you feel the school should be made aware of: | | | | | |
| Dietary Needs (if any) |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Meal Arrangements (please tick the relevant box)** | | | | | | | |
| Free School Meals |  | Paid School Meal |  | Sandwiches |  | Home |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does your child have any Special Educational Needs?** | | | | | |
| No |  | Yes |  | Statemented/EHCP |  |
|  | | | | | |

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| --- | --- | --- | --- | --- |
| Early Years (Nursery) Is your Child entitled to the free extended childcare (up to 30 Hours)? | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If Yes, please provide your child’s 30-Hour code |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Parental Consent**  Please tick the boxes below to indicate whether you grant consent for your child to be involved in the following: | | | | |
| Participation in off-site trips/activities | Yes |  | No |  |
| Participation in visits to places of worship | Yes |  | No |  |
| Receive first aid/urgent medical treatment when on visits/activities off-site | Yes |  | No |  |
| Using the internet in school under supervision | Yes |  | No |  |
| Photos/Videos for school website | Yes |  | No |  |
| Photos/videos for school publications | Yes |  | No |  |

**Parent Declaration**

**I agree that the information provided is accurate and will endeavour to inform the school of changes to the details given at the earliest opportunity.**

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Data protection act of 1998**  Please note that personal details supplied on this form will be held and/or computerised by Hawthorn Park Community Primary for Educational purposes. The information will be disclosed and held by the local authority, the DfE (Department for Education) 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 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. |

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