


Chalton Lower School Luton Road, Chalton. LU4 9UJ	
Headteacher: Miss L Noble	Tel no: 01525 872354

New Pupil Form

CONFIDENTIAL

We, Chalton Lower School, have a legal obligation to collect certain information about your child attending our school. The reason we ask for this information, how we keep the information secure and who we share it with is detailed in the **School Privacy Notice** which accompanies this form.

There are additional items of information which our school is specifically asking for and requires your consent. These additional items are identified in Section 4 within this form.

Please complete this form for your child and return it to the school office as soon as possible. If you need any guidance, assistance or further clarification with completing this form, please ask a member of the school office to help you.

SECTION 1 Personal Details of Pupil

Surname		Legal Surname	
First Name		Other names	
Preferred known name			
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Please note: we will ask to see your child's Birth Certificate to verify the date of birth

Pupil Home address

House No & Street name			
Address line 2			
Town			
Postcode		Address tel no	

* Siblings

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

Full Name	Relationship to your child

HM Forces: Is the pupil the child of a parent or parents serving in regular HM Forces (as a PStat Cat 1 or 2 personnel) and exercising parental responsibility and care for the pupil?

No Yes Prefer not to say

* denotes additional information the school needs for school management purposes

*** Previous setting**

Name of **PLAYGROUP/NURSERY or PREVIOUS SCHOOL** attended if relevant:

Previous Playgroup/Nursery/School name

County

Has the pupil come from abroad? ?

No Yes If Yes, which country?

Language

First Language

English

Other (please state) _____

Prefer not to say

Language spoken at home

English

Other (please state) _____

Prefer not to say

Ethnicity

(Please tick one of the boxes below)

- White: British

- White: Irish

White

- Traveller of Irish Heritage

- Gypsy/Roma

- Italian

- White other

- White and Black Caribbean

- White and Black African

Mixed

- White and Asian

- Any other Mixed background

Asian or Asian British

- Indian

- Pakistani

- Bangladeshi

- Any other Asian background

Black or Black British

- Caribbean

- African

- Any other background

Chinese

Any other ethnic background

Prefer not to say

Nationality

If dual nationality, please enter all that apply

Prefer not to say

Country of Birth

Prefer not to say

Religion

Catholic Hindu Muslim Sikh

Christian Jewish No Religion

Other (please state)

Court Orders Yes No not applicable

Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)

* denotes additional information the school needs for school management purposes

SECTION 2 Emergency Contact Information

This information is required to allow the school to manage your child’s safety and well being and contact you when needed and in cases of emergency.

As the main parent/carer completing this form, **please ask for the permission of all other contacts for their details to be included in this section.** The school will act upon the information provided.

Please **enter contact details in the order you wish them to be contacted** in the event of an emergency. You can enter details for up to **four** individual contacts.

Contact 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father)		
Contact 1 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>
Email address						

Contact 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father)		
Contact 2 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>
Email address						

Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						Postcode
Parental responsibility ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Relationship to child (i.e. mother/father/aunt etc.)		
Contact 3 telephone numbers:			Tick for priority contact number			
Home						<input type="checkbox"/>
Mobile						<input type="checkbox"/>
Work						<input type="checkbox"/>

Contact 4 (optional)

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

SECTION 3 Medical and Health information of pupil

The information asked for below is required in the interests of safety and well being of your child whilst in our care.

Medical Information		
Doctor's name		
Medical Practice Name		
Medical Practice address	Practice telephone number	
Postcode		
Do you give permission for the school to contact the Doctor in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for the school to administer medicine/first aid in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Conditions <i>Does your child have any medical conditions that the school should be aware of?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give details of the condition(s) (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed:		
Does your child have any Special Educational Needs?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Does your child have an Education Health Care Plan (EHCP)? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Dietary Needs - Does your child have any specific dietary needs?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
Meal arrangements - What type of lunchtime meal will your child be having? (please tick relevant box)		
<input type="checkbox"/> Free School Meal <i>Universal Infant Free School meal for ALL children in Years Reception, 1 & 2</i> <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Home		

Free School Meals for Year Reception and above

Is your child currently entitled to Free School Meals? No Yes

Early Years (Nursery)

Is your child entitled to the free Extended Childcare (up to 30 Hours)? No Yes

If Yes, please provide your child's 30-hour code

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Travelling to School – What will be your child's usual mode of travel to and from school?

(please tick relevant box)

Walk Cycle Car Car Share* Taxi Train School Bus Public Service Bus

*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

SECTION 4 Additional Information

Please tick the boxes below to indicate whether you grant consent for your child to be involved in the following:

	<i>Please ✓</i>	
Participation in off-site trips/activities	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Participation in visits to places of worship	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Receive first aid/urgent medical treatment when on visits/activities off-site	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Using the internet in school under supervision	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Use outdoor climbing and play equipment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I understand that it is parental responsibility to supervise my child after school if they use the climbing and play equipment.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Thank you for taking the time to complete this form.

The information collected in this form will be kept confidential and safe. We will from time to time check these details with you to ensure that we have the latest information.

Please ensure that you inform us of any changes to these details, in particular, contact telephone numbers as we use these to communicate with our parents/carers on a regular basis.

Please read the **School Privacy Notice** regarding how we keep this information secure, how we use it and who we share it with and also information about your rights of access to this information.

Once you have read the **School Privacy Notice**, please complete the final **Section 5 – Parent/Carer Declaration**

SECTION 5
Parent/Carer Consent and Declaration

(SECTION 1) Personal Details of Pupil

The personal information provided is under the legal obligation the school holds in undertaking its responsibilities.

I have completed this section have provided accurate information relating to my child.

Signature of parent/carers _____

Print name _____ Date _____

(SECTION 2) Emergency Contact Information

The information provided is in the interests of safety and well being of my child and will be used by the school when appropriate and in cases of any emergency affecting my child.

I have the permission of the individuals for whom contact information has been provided and I have completed this section with accurate information relating to contact details.

Signature of parent/carers _____

Print name _____ Date _____

SECTION 3 Medical and Health information of pupil

The information provided is in the interests of safety and well being of my child whilst in the care of the school.

I have completed this section and for each item listed, I have provided accurate information for my child.

Signature of parent/carers _____

Print name _____ Date _____

(SECTION 4) Additional Information

I have completed this section and for each item listed, I have given/not given consent as I have deemed appropriate for my child.

Signature of parent/carers _____

Print name _____ Date _____

**I declare that the information given in this form is accurate and will endeavour to inform the school of any changes to the pupil's personal details and contact details given at the earliest opportunity.
I have read the School's Privacy Notice and understand the legal basis for the information collected in this form, how it is used and shared with third parties.**

Signature of parent/carers _____

Print name _____ Date _____