

# Emmanuel Holcombe CE Primary School



## New Student Form

### Student Details

Legal Surname: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Known Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Date of Birth:   /   /

Gender: ☐ Male ☐ Female

Home Telephone 1: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone 2: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Religion: \_\_\_\_\_

*(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)*

Ethnicity (please tick)

☐ White: British

☐ White: Irish

☐ White: Traveller of Irish Heritage

☐ White: Other

☐ White: Gypsy / Roma

☐ Mixed: White and Black Caribbean

☐ Mixed: White and Black African

☐ Mixed: White and Asian

☐ Mixed: Other

☐ Any other ethnic group (please state) \_\_\_\_\_

☐ Asian or Asian British: Indian

☐ Asian or Asian British: Pakistani

☐ Asian or Asian British: Bangladeshi

☐ Asian or Asian British: Other

☐ Black or Black British: Caribbean

☐ Black or Black British: African

☐ Black or Black British: Other

☐ Chinese

☐ Prefer not to say

First Language ☐ English ☐ Other (please state) \_\_\_\_\_ ☐ Prefer not to say

Language Spoken at Home ☐ English ☐ Other (please state) \_\_\_\_\_ ☐ Prefer not to say

What type of lunchtime meal will your child be having? \_\_\_\_\_  
*(e.g. Dinners, Free Dinners, Go Home, Sandwiches etc.)*

Is your child entitled to free transport to and from school? ☐ Yes ☐ No

What is your child's usual mode of travel to and from school? \_\_\_\_\_  
*(e.g. Walk, Cycle, Car/Van, Car Share (with children from a different household), Public Bus, School Bus, Taxi, Train etc.)*

Password \_\_\_\_\_

*(A password will normally be agreed for Foundation children collected by different adults as part of our safeguarding procedures.)*

**Contact Details**

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
5						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.
						Home / Mobile / Work

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

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### Siblings

If your child has any siblings who attend this school, please provide their names and dates of birth.

Known Name	Surname	Date of Birth

### Medical Details

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Do you give permission for the school to call the doctor in an emergency? ☐ Yes ☐ No

Do you give permission for the school to administer first aid in an emergency? ☐ Yes ☐ No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines, etc.)

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**Parental Consent** This consent will last the duration of your child's time at Emmanuel Holcombe unless you notify us of any changes

Consent Type	Permission (Please circle your response)		Notes
1. Local outings and visits to Church during school time (parents will be notified if transport is involved)	Denied	Granted	
2. Photos to support pupil welfare procedures	Denied	Granted	
3. Photos / videos within school or for purchase	Denied	Granted	
4. Photos on School Website. Names will not appear on	Denied	Granted	
5. Photos on Twitter. Names will not appear on Twitter	Denied	Granted	

I understand that school will request specific consent if my child is to be photographed, filmed or videoed by or for the media (eg the press or television) and for the child's name to be released for publication such that the child might be identified as an individual or as part of a small group.

## Early Years Funding

If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.

Is your child in receipt of Early Years Pupil Premium?

☐ Yes

☐ No

Is your child entitled to Universal early years free childcare?

(This is the 15 hours of free childcare available for 3 to 4 year olds and some 2 year olds)

☐ Yes

☐ No

Is your child entitled to the extended 30 hours of free childcare?

☐ Yes

☐ No

What is your child's 30-hour code?

(This is an 11 digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)

Is your child eligible for the Disability Living Allowance (DLA)?

☐ Yes

☐ No

(Used for checking the eligibility of the Disability Access Fund)

## Funding

If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility' section.

Is your child entitled to Free School Meals?

☐ Yes

☐ No

(This does not include Universal Infant Free School Meals where all children in Years Reception, 1 and 2 are eligible)

Is the child in care?

☐ Yes

☐ No

Does the child have any post looked after arrangements?

☐ Yes

☐ No

**Parent, Guardian or Carer's information for funding eligibility**

*If you believe your child is eligible for additional funding as indicated in the Funding related sections above, please provide your details below so that we can carry out eligibility checks.*

**Proof of Identification**

We will need to see proof of your child's identification, in order to claim funding. Please tick the box to show which form of identification you will provide with this form:

Passport

☐

Birth certificate

☐**Parent/Guardian 1**

First Name:

Surname:

Date of Birth:

//National Insurance Number or  
NASS number:**Parent/Guardian 2**

First Name:

Surname:

Date of Birth:

//National Insurance Number or  
NASS number:

I confirm that the above information is correct. I authorise Emmanuel Holcombe CE Primary School to check eligibility and claim free entitlement funding on behalf of my child

Signed:

Date:

//

The information on this form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679

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