

Gilbert Colvin Primary School

New Pupil Form



Pupil Details

Legal Surname:

Preferred Surname:

First Name:

Known as:

Middle Name(s):

Date of Birth:

Gender:

Home Telephone 1:

Home Address:

Home Telephone 2:

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Mobile:

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Email Address:

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Religion:

Postcode:

Previous school

School name:

Telephone number:

Address:

Start date:

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Leave Date:

.....

UPN number (FOR OFFICE USE ONLY).....

Date of arrival in UK (if applicable):

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

Yes No

Does your child have any special educational needs? (Tick all that apply)

No Education and Health Care Plan (EHCP) Special Educational Needs Disability Other

Additional information about the nature of the additional needs:

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Does your child have a parent serving in HM Forces or who has retired on a pension from the MoD?

Yes No

What type of lunchtime meal will your child be having?

School dinners Packed lunch Home dinners Entitled to Free School Meals (evidence required)

Vegetarian Halal Special diet required (Please specify:

What is your child's usual mode of transfer to and from school?

Walk Cycle Scooter Car Public bus School bus Taxi Other (please specify:

Ethnicity

Please select the most appropriate ethnicity for your child.

Ethnicity	✓	Ethnicity	✓	Ethnicity	✓	Ethnicity	✓
White British		Mixed White and Black African		Ghanaian		Other Mixed Background	
White European		Mixed White and Black Indian		Nigerian		Chinese	
White and Asian		Pakistani		Somali		Sri Lankan	
Other white background		Asian British Pakistani		Black British Caribbean		Other Asian	
Mixed white and black Caribbean		Asian British Bangladeshi		Other Black African		Refuse to provide	
				Other			

Language

We recognise that many children have the ability to speak and understand a number of different languages and that this is a great skill. We currently have at least 32 languages that are spoken across the school that reflects the wonderful diversity of our school community.

The school budget is also affected by the information that we hold on languages spoken by our children and so it is really important that this information is correct. This will help to ensure that Gilbert Colvin Primary School does not lose out on additional funding which can be used to support us in providing high quality education for all children.

Language spoken: This is the main language spoken by your **child** and the one that they are most confident in using.

Language	✓	Language	✓	Language	✓	Language	✓
Albanian/Shqip		English		Malay		Romanian (Moldova)	
Arabic		French		Pashto/Pakhto		Somali	
Bengali		Greek		Polish		Swahili	
Bosnian		Gujarati		Portuguese		Tamil	
Bulgarian		Hindi		Portuguese (Brazil)		Turkish	
Caribbean Creole English		Kurdish		Romanian		Ukrainian	
Chinese (Mandarin/Putonghua)		Lithuanian		Russian		Urdu	
Dari Persian		Malayalam		Shona		Yoruba	
Farsi/Persian		Panjabi		Sinhala		Other	

Languages spoken in the family home: This is **all** languages that are spoken by those who live in the family home. This includes languages that are spoken by adults who live in the home, even if your child is unable to understand or speak them.

Language	✓	Language	✓	Language	✓	Language	✓
Albanian/Shqip		English		Malay		Romanian (Moldova)	
Arabic		French		Pashto/Pakhto		Somali	
Bengali		Greek		Polish		Swahili	
Bosnian		Gujarati		Portuguese		Tamil	
Bulgarian		Hindi		Portuguese (Brazil)		Turkish	
Caribbean Creole English		Kurdish		Romanian		Ukrainian	
Chinese (Mandarin/Putonghua)		Lithuanian		Russian		Urdu	
Dari Persian		Malayalam		Shona		Yoruba	
Farsi/Persian		Panjabi		Sinhala		Other	

Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
1						
Address			Email Address			
Postcode						
Home Phone		Mobile	Work Phone		Other Phone number	

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
2						
Address (if different from above).....			Email Address			
Postcode						
Home Phone		Mobile	Work Phone		Other Phone number	

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
3						
Address (if different from above).....			Email Address			
Postcode						
Home Phone		Mobile	Work Phone		Other Phone number	

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
4						
Address (if different from above).....			Email Address			
Postcode						
Home Phone		Mobile	Work Phone		Other Phone number	

Siblings

If your child has **any** siblings, please provide their names and dates of birth.

Known name	Surname	Date of Birth	Current school
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Medical Details

Doctor's Name		Telephone Number	
Medical Practice Name		Postcode	
Practice Address			

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.) with regards to your child.

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For Nursery Applications only:

To enable the school to process the applications for the Early Years Entitlement Funding and the Early Years Pupil Premium, please provide the following information.

Relationship to the child <i>(tick where appropriate)</i> <input type="checkbox"/> MOTHER FATHER <input type="checkbox"/> CARER
Parent or Guardian's Date of Birth
National insurance number (Compulsory)

Parental Consent *(Please circle your response)*

Consent Type	Permission	Notes
Local off-site school trips/activities		
Photographs/Videos for use in school website and newsletter publications		
Photographs for school's internal use only		
Photographs/Videos for use in media such as local and national press		
NHS checks – e.g. hearing, vision and dentistry		

Permission to receive first aid in case of emergency

Withdrawal of consent can be made at any time. Please contact school office.

I confirm that the above information is correct:

Date:

Signed: _____

Print name _____