

# TODDINGTON ST. GEORGE CHURCH OF ENGLAND SCHOOL

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## New Pupil Form

### CONFIDENTIAL

We, Toddington St George Church of England 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

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

*Please note: we may ask for a copy of child's Birth Certificate to verify the date of birth and a copy of proof of address e.g. recent utilities bill (**This is required for all admissions to Nursey (Ducklings)**).*

#### Pupil Home address

<b>House No &amp; Street name</b>			
<b>Address line 2</b>			
<b>Town</b>			
<b>Postcode</b>		<b>Address tel no</b>	

**\* Siblings**

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

<b>Full Name</b>	<b>Relationship to your child</b>
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**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

**\* Previous setting**

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

Previous Playgroup/Nursery/School name	County
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Has the pupil come from abroad?

No  Yes If Yes, which country?

**Language**

<b>First Language</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
<b>Language spoken at home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say

**Ethnicity**

(Please tick one of the boxes below)

<p><b>White</b></p> <ul style="list-style-type: none"> <li>- White: British <input type="checkbox"/></li> <li>- White: Irish <input type="checkbox"/></li> <li>- Traveller of Irish Heritage <input type="checkbox"/></li> <li>- Gypsy/Roma <input type="checkbox"/></li> <li>- Italian <input type="checkbox"/></li> <li>- White other <input type="checkbox"/></li> <li>- White and Black Caribbean <input type="checkbox"/></li> <li>- White and Black African <input type="checkbox"/></li> </ul> <p><b>Mixed</b></p> <ul style="list-style-type: none"> <li>- White and Asian <input type="checkbox"/></li> <li>- Any other Mixed background <input type="checkbox"/></li> </ul> <p><b>Asian or Asian British</b></p> <ul style="list-style-type: none"> <li>- Indian <input type="checkbox"/></li> <li>- Pakistani <input type="checkbox"/></li> <li>- Bangladeshi <input type="checkbox"/></li> <li>- Any other Asian background <input type="checkbox"/></li> </ul> <p><b>Black or Black British</b></p> <ul style="list-style-type: none"> <li>- Caribbean <input type="checkbox"/></li> <li>- African <input type="checkbox"/></li> <li>- Any other background <input type="checkbox"/></li> </ul> <p><b>Chinese</b> <input type="checkbox"/></p> <p><b>Any other ethnic background</b> <input type="checkbox"/></p> <p><b>Prefer not to say</b> <input type="checkbox"/></p>	<p><b>Nationality</b> <i>If dual nationality, please enter all that apply</i></p> <p><input type="checkbox"/> Prefer not to say</p>	<p><b>Country of Birth</b></p> <p><input type="checkbox"/> Prefer not to say</p>
<p><b>Religion</b></p> <p><input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> No Religion</p> <p><input type="checkbox"/> Other (please state)</p>		

**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.

**PLEASE NOTE ALL ADULTS WITH PARENTAL RESPONSIBILITY MUST BE LISTED WHETHER THEY LIVE WITH THE CHILD OR NOT, AND IRRISPECTIVE OF WHETHER THEY ARE AN EMERGENCY CONTACT.**

### Contact 1

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

### Contact 2

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

**Contact 3 (optional)**

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

**Contact 4 (optional)**

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

**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.

<b>Medical Information</b>		
<b>Doctor's name</b>		
<b>Medical Practice Name</b>		
<b>Medical Practice address</b>	<b>Practice telephone number</b>	
<b>Postcode</b>		
<b>Do you give permission for the school to contact the Doctor in an emergency?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you give permission for the school to administer medicine/first aid in an emergency?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medical Conditions</b> <i>Does your child have any medical conditions that the school should be aware of?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, please give details of the condition(s) (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed:</i>		
<b>Does your child have any Special Educational Needs?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes <b>Does your child have an Education Health Care Plan (EHCP)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Dietary Needs - Does your child have any specific dietary needs?**

- No       Yes (please specify)

**Meal arrangements - What type of lunchtime meal will your child be having? (please tick relevant box)**

- Free School Meal  
*Universal Infant Free School meal for ALL children in Years Reception, 1 & 2*       Paid School Meal       Packed Lunch       Home

**Free School Meals for Year Reception and above**

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

**Looked After Children**

Is your child in public care (looked after children) or previously looked after but have ceased to be so because they were adopted or became subject to a child arrangement order or special guardianship order       No       Yes

**Early Years (Nursery – Ducklings Class Only)**

15 hours Early Years funding is available to all 3 & 4 year olds. Children enrolling in Ducklings Class will attend 15 hours a week (term time only) and therefore the school will claim this initial funding on your behalf. Any additional funding you are entitled to can be used with another provider/setting, and they will advise how to claim. I am happy with the school claiming the first 15 hours of my Early Years Funding.       No       Yes

**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/email in school under supervision	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school website	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school social Media	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school publications	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school productions (e.g. Christmas/ end of year etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos to be used within the school setting	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Watching films or extracts of films relevant to subjects taught	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sex and Relationships Education – participation in the section of the PHSE curriculum which focuses on sex and relationships and runs through all year groups	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Use of the Trim Trail on days assigned to their class and only with the correct footwear	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Use of Parent/Carers mobile phone number for teachers2parent text messaging, parents evening information and booking an appointment and school money (school trip) payment. All use Eduspot system.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Use of Parent/Carers email address teachers2parent email messaging, parents evening information and booking an appointment and school money (school trip) payment. All use Eduspot system.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Use of data in order to facilitate school lunch booking through Parent Pay	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Children's names and classes given to club leaders (for clubs you have signed them up for on school premises)	<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 \_\_\_\_\_