

# West Oxford Community Primary School

## New Student Form

### Student Details

Legal Surname	_____	Preferred Surname	_____
First Name	_____	Known Name	_____
Middle Name(s)	_____	Date of Birth	___ / ___ / _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone 1	_____
Home Address	_____ _____ _____	Home Telephone 2	_____
		Mobile	_____
		Email Address	_____
		Nationality	_____
Postcode	_____	Religion	_____
		(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)	

Ethnicity (please tick)

<input type="checkbox"/> White: British	<input type="checkbox"/> Asian or Asian British: Indian
<input type="checkbox"/> White: Irish	<input type="checkbox"/> Asian or Asian British: Pakistani
<input type="checkbox"/> White: Traveller of Irish Heritage	<input type="checkbox"/> Asian or Asian British: Bangladeshi
<input type="checkbox"/> White: Other	<input type="checkbox"/> Asian or Asian British: Other
<input type="checkbox"/> White: Gypsy / Roma	<input type="checkbox"/> Black or Black British: Caribbean
<input type="checkbox"/> Mixed: White and Black Caribbean	<input type="checkbox"/> Black or Black British: African
<input type="checkbox"/> Mixed: White and Black African	<input type="checkbox"/> Black or Black British: Other
<input type="checkbox"/> Mixed: White and Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Any other ethnic group
	<input type="checkbox"/> 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

Does the child have a parent currently serving in the UK military?     Yes     No     Prefer not to say

Is your child entitled to Free School Meals?     Yes     No

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.)

Name and address of your child's current nursery/setting (if applicable) \_\_\_\_\_

Would you like a morning place or an afternoon place? (Please circle)

If you would like a morning place you may be eligible for day care (subject to availability). Do you require any day care sessions? (please state which days)

\_\_\_\_\_  
\_\_\_\_\_

**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.

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.

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.

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.

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.

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

**Siblings**

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

**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.)

I confirm that the above information is correct:

Signed : \_\_\_\_\_

Date : \_\_\_\_\_

Data Protection Act 1998 - The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.