



New Student Data Form

Name of School: Laughton Junior and Infant School

Dear Parent/Carer

Please read the form carefully and complete all the sections appropriate to your circumstances. Your child's birth certificate **MUST** be produced in school when you hand in this form. This form **MUST** be completed by the person who has parental responsibility for the child.

Please remember to sign this form at the end

Admission Date :
UPN: 372/ ____ / ____ / ____ (LEA No/Sch No /Sch Year/ Pupil)
Admissions Number:
Proof of DOB seen: (please circle) Birth Certificate / Passport / ID card

CHILD'S DETAILS

Legal Surname of Child:			
Preferred Surname of Child:			
Legal First Name(s) of Child:			
Preferred First Name(s) of Child:			
Date of Birth of Child:		Age of Child:	
Number of children in family		Child's position in family: 1 2 3 4 5 6 (circle)	Male/female
Names of siblings already attending this school:			

Mother (with parental responsibility - includes adoptive mother)
 Miss/Mrs/Ms/Mx (if other please specify) _____

Name _____

Date of Birth: _____

Home Address: _____

Post Code: _____

Home Tel No: _____

Mobile: _____

Work No: _____

Email Address: _____

Please circle if mother should be contacted in case of emergency **YES / NO**

Father (with parental responsibility – includes adoptive father)
 Mr/Mx (if other please specify) _____

Name _____

Date of Birth: _____

Home Address: _____

Post Code: _____

Home Tel No: _____

Mobile: _____

Work No: _____

Email Address: _____

Please circle if father should be contacted in case of emergency **YES / NO**

If the child has moved address in the last 12 months, please state previous address:	
If the child has recently moved school, please state name, address and telephone number of the previous school/foundation unit/playgroup/nursery/childminder	

If you are not the parent of the child, please complete the section below:			
Name(s)	/		
Relationship to child		Parental Responsibility	YES / NO
Home address:			
Post Code:	Tel No:	Mobile:	
If the child is Looked After by the Local Authority please write the name and address of the person responsible for the child:			
Name:	Local Authority: Email:		
Address:	Tel No:	Mobile:	

It is helpful for us to know what other languages are spoken at home and what ethnicity your child is as this will help us to give your child the best support possible. Please complete the following:

Is English the first language spoken in your home? YES / NO	If not, what is the first language spoken in your home?
Please indicate the child's ethnic origin. Please tick ONE only	
<u>WHITE</u>	<u>MIXED/DUAL BACKGROUND</u>
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
Irish Traveller of Irish Heritage <input type="checkbox"/>	White and Black African <input type="checkbox"/>
Gypsy Roma <input type="checkbox"/>	White and Asian <input type="checkbox"/>
White European <input type="checkbox"/>	White and Chinese <input type="checkbox"/>
Other white background <input type="checkbox"/>	Other mixed background <input type="checkbox"/>
<u>ASIAN/ASIAN BRITISH</u>	<u>BLACK/BLACK BRITISH</u>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Other black background <input type="checkbox"/>
<u>CHINESE</u> <input type="checkbox"/>	<u>OTHER ETHNIC GROUP</u>
I do not wish an ethnic background category to be recorded <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
	Yemeni <input type="checkbox"/>
	Other ethnic group <input type="checkbox"/>

Child's Religion:		Child's Nationality:		Child's Country Of Birth:	
Is either parent a member of the Armed Forces?	YES / NO		Proof seen? (e.g Forces ID card)	YES / NO	

Does your child have any allergies or medical conditions? Please state any other information you think may be helpful.

Additional Contacts (Please list in order they should be contacted if required)

Miss/Mrs/Ms/Mx (if other please specify) _____

Name _____

Relationship to child _____

Contact number _____

Miss/Mrs/Ms/Mx (if other please specify) _____

Name _____

Relationship to child _____

Contact number _____

Miss/Mrs/Ms/Mx (if other please specify) _____

Name _____

Relationship to child _____

Contact number _____

IMPORTANT INFORMATION – PLEASE NOTE

Parents/carers completing this form for admission to Foundation Stage 1 (nursery) should be aware that this form is **NOT** a guarantee of a place in Foundation Stage 2 (reception) at this school. Letters will be issued to all parent/carers whose children are due to enter the next phase of education to advise when and how to submit a preference for their preferred school at the relevant time.

This information will be used to create an educational record for this child. It will also be used for statistical analysis and returns as requested by the LA or the DfE. Any consent to share information further than this will be gained from parent/carers on an individual basis.

SIGNED _____ **DATE:** _____

RELATIONSHIP TO CHILD _____