



DOVERY DOWN LOWER SCHOOL

New Pupil Form CONFIDENTIAL

We, Dover Down Lower 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 by Monday 17th May 2021.
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:

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

Please note: we will ask to see your child's Birth Certificate to verify the date of birth, please bring in by 17th May.

Pupil Home address:

House No. & Street name			
Address line 2			
Town			
Postcode		Address tel no	

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

Full Name:	Relationship to your child:
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Adopted children and children of parents in the HM Forces are entitled to Pupil Premium funding (PPG) which the school can access through this information:

Adopted children: Is the pupil adopted?

☐ No ☐ Yes ☐ Prefer not to say

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

** denotes additional information the school needs for school management purposes*

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

Previous Playgroup/Nursery/School name:	County:
Has the pupil come from abroad? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which country?	



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Language:			
First Language	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Language spoken at home	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Ethnicity <i>(Please tick one of the boxes below)</i>		Nationality <i>If dual nationality, please enter all that apply</i>	<input type="checkbox"/> Prefer not to say
White <ul style="list-style-type: none"> - White: British <input type="checkbox"/> - White: Irish <input type="checkbox"/> - Traveller of Irish Heritage <input type="checkbox"/> - Gypsy/Roma <input type="checkbox"/> - Italian <input type="checkbox"/> - White other <input type="checkbox"/> - White and Black Caribbean <input type="checkbox"/> 		Country of Birth	<input type="checkbox"/> Prefer not to say
Mixed <ul style="list-style-type: none"> - White and Black African <input type="checkbox"/> - White and Asian <input type="checkbox"/> - Any other Mixed background <input type="checkbox"/> 			<input type="checkbox"/> Prefer not to say
Asian or Asian British <ul style="list-style-type: none"> - Indian <input type="checkbox"/> - Pakistani <input type="checkbox"/> - Bangladeshi <input type="checkbox"/> - Any other Asian background <input type="checkbox"/> 		Religion <ul style="list-style-type: none"> <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> No Religion <input type="checkbox"/> Other (please state) 	
Black or Black British <ul style="list-style-type: none"> - Caribbean <input type="checkbox"/> - African <input type="checkbox"/> - Any other background <input type="checkbox"/> 			
Chinese <input type="checkbox"/>			
Any other ethnic background <input type="checkbox"/>			
Prefer not to say <input type="checkbox"/>			
Court Orders <input type="checkbox"/> * Yes <input type="checkbox"/> No not applicable <i>Please provide detail of any court orders applying to your child (e.g. Ward of Court, legal rights of access etc.)</i>			

* denotes additional information the school needs for school management purposes



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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. **Please note that only *Parent/guardian Contact 1 will receive text messaging and email communication.** You can enter details for up to three individual contacts.

Parent/Guardian Contact 1

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

Parent/Guardian Contact 2

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

Contact 3 (optional)

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



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.

Medical Information <i>Doctor's name</i>		
<i>Medical Practice Name</i>		
<i>Medical Practice address:</i> <i>Postcode:</i>	<i>Practice telephone number</i>	
<i>Do you give permission for the school to contact the Doctor in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Do you give permission for the school to administer medicine/first aid in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Conditions <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>		

Does your child have any Special Educational Needs? ☐ No ☐ Yes

Does your child have an Education Health Care Plan (EHCP)? ☐ No ☐ 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)

☐ School Meal ☐ Packed Lunch (brought in from home) ☐ Home

Universal Infant Free School meal for ALL children in Years Reception, Year 1 & Year 2



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

Free School Meals

You may qualify for free school meals which are paid for by the school; **it is important we know as the school can claim extra funding** to be spent on your child's education.

If any of the following criteria apply to you, please phone the local authority on 0300 300 8306 so we can claim the extra funding:

- Income Support
- Income-based Job Seekers Allowance
- Income-related Employment and Support Allowance
- Support under Part IV of the Immigration and Asylum Act 1999
- The Guarantee element of the State Pension Credit
- Child Tax Credit (provided you are not also entitled to Working Tax Credit, and your annual gross income does not exceed £16,190 as assessed by Her Majesty's Revenue and Customs.
- Working Tax Credit run-on (paid for 4 weeks after you stop qualifying for Working Tax Credit)
- Universal Credit (during the initial roll-out of this benefit)

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

**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:

Please ✓		
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 in school under supervision	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for school website or publications e.g. school newsletter or newspapers	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Photos/videos for use within school premises e.g. on class displays	<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



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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

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 _____

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 _____

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 _____

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 _____