



# Buxworth Primary School

## New Student Form

Date of birth: \_\_\_\_\_

Gender:  male  female

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

*(eg Catholic, Christian, Hindu, Muslim, Sikh, No religion etc)*

### Student details:

Legal surname: \_\_\_\_\_

Preferred surname: \_\_\_\_\_

First name: \_\_\_\_\_

Known name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Home telephone 1: \_\_\_\_\_

Home telephone 2: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

### Ethnicity *(please tick)*

White: British

White: Irish

White: Traveller of Irish heritage

White: Other

White: Gypsy / Roma

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Other

Any other ethnic group (please state) \_\_\_\_\_

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Other

Black or Black British: Caribbean

Black or Black British: African

Black or Black British: Other

Chinese

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

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 of previous school. \_\_\_\_\_

**Contact Details**

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
1						Yes / No
Address						
Postcode						
Email address						
Home Phone		Mobile		Work Phone		<b>Main Phone no.</b> Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
2						Yes / No
Address						
Postcode						
Email address						
Home Phone		Mobile		Work Phone		<b>Main Phone no.</b> Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
3						Yes / No
Address						
Postcode						
Email address						
Home Phone		Mobile		Work Phone		<b>Main Phone no.</b> Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
4						Yes / No
Address						
Postcode						
Email address						
Home Phone		Mobile		Work Phone		<b>Main Phone no.</b> Home / Mobile / Work

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental responsibility?
5						Yes / No
Address						
Postcode						
Email address						
Home Phone		Mobile		Work Phone		<b>Main Phone no.</b> Home / Mobile / Work

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

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**Siblings**

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

Known Name	Surname	Date of Birth

**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

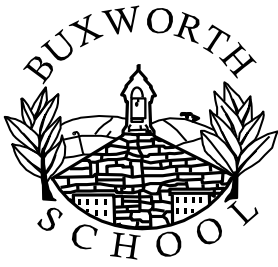
Do you give permission for the school to administer first aid in an emergency?  Yes  No

Please provide details of any medical conditions that the school should be aware of, and of any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines etc)

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I confirm that the above information is correct: Signed: \_\_\_\_\_

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



**Building tomorrow together**

**Buxworth Primary School,  
Station Road,  
Buxworth,  
High Peak.  
SK23 7NJ  
Tel: 01663 732426**

[email: info@buxworth.derbyshire.sch.uk](mailto:info@buxworth.derbyshire.sch.uk)

website: [www.buxworthprimaryschool.org.uk](http://www.buxworthprimaryschool.org.uk)

co-Headteachers: Louise Moore and Jennifer Rackstraw

## Consent sheet

I give consent for my child \_\_\_\_\_ (name)

		Yes	No
To go on walks in the local area			
To go on the coach for swimming			
To travel in parents' cars to sports and events at local schools			
To use email using a generic email address (e.g. class2@buxworth.derbyshire.sch.uk)			
To be videoed and photographed by members of the audience attending a school function			
I understand that newsletters are sent by email			
I agree to my child participating in Forest School activities			
To attend sport events at local venues and other schools			
Photo/image to be displayed	outside school (e.g. museums)		
	on the school website		
	in the media		
Name to be displayed	outside school (e.g. museums)		
	on the school website		
	in the media		
Named work to be displayed	outside school (e.g. museums)		
	on the school website		
	in the media		
Un-named work to be displayed	outside school (e.g. museums)		
	on the school website		
	in the media		

Email address (please print!): \_\_\_\_\_

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