

# Pinchmill Primary School

The Old Road  
Felmersham  
Bedfordshire  
MK43 7JD

Telephone: 01234 781371  
Headteacher: Mrs V Bailey



## New Starter Form

### Personal Details of Pupil

Surname			
Legal Surname			
Other Names			
Preferred known name			
Date of birth		Male	Female

### Home address

No and street name			
Town			
Postcode		Address tel no	

### Name of any related pupil currently at this school:

Full Name		Relationship to above pupil	
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### Name of **PLAYGROUP/NURSERY** or **PREVIOUS SCHOOL** attended if relevant:

Playgroup/Nursery/Previous school Name	
County	

### Additional information

<b>Religion</b>		<b>Mother Tongue</b> (Language spoken at home)	
		<b>Nationality</b>	
<b>Ethnic Group</b>	(Please tick one of the boxes below)		<b>Court Orders</b>
<b>White</b>	- British		Are any court orders applicable to your child? Yes No If yes, please give further details below
	- Irish		
	- Traveller of Irish Heritage		
	- Gypsy/Roma		
	- Italian		
	- Any other White background		
<b>Mixed</b>	- White and Black Caribbean		
	- White and Black African		
	- White and Asian		
	- Any other Mixed background		
<b>Asian or Asian British</b>	- Indian		

	- Pakistani		
	- Bangladeshi		
	- Any other Asian background		
<b>Black or Black British</b>	- Caribbean		
	- African		
<b>Chinese</b>			
<b>Any other ethnic background</b>			
<b>Prefer not to say</b>			

### Emergency Contact Information

Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

#### Contact 1

Title	Mrs	Ms	Miss	Other (please specify)	
Full Name					
Address if different from pupil address					
<b>Contact 1 telephone numbers:</b>				Tick priority contact number	
Home				Relationship to child	
Mobile					
Work					
Additional information (if any)					

#### Contact 2

Title	Mr	Other (please specify)			
Full Name					
Address if different from pupil address					
<b>Contact 2 telephone numbers:</b>				Tick priority contact number	
Home				Relationship to child	
Mobile					
Work					
Additional information (if any)					

#### Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact 3 telephone numbers:</b>					Please tick priority contact number	
Home					Relationship to child	
Mobile						
Work						
Additional information						

**Collection Information**

Please enter details of **TWO adults who will regularly** be responsible for the collection of your child from Pinchmill Primary School. (These persons should be over the age of 16)

Collector 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact telephone numbers:</b>					Please tick priority contact number	
Home						Relationship to child
Mobile						
Work						
Additional information						

Collector 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact telephone numbers:</b>					Please tick priority contact number	
Home						Relationship to child
Mobile						
Work						
Additional information						

**Collection Information**

There may be occasions that neither of your two collectors are able to collect your child. Please therefore nominate **TWO adults who will have permission to collect your child.**

A **PASSWORD** will be required to be given by your nominated collector(s)

**Please ensure your nominated collector(s) are made aware of this password.**

<b>PASSWORD (Please Print)</b>										
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**Nominated Collector A**

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact telephone numbers:</b>					Please tick priority contact number	
Home						Relationship to child
Mobile						
Work						
Additional information						

**Nominated Collector B**

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
<b>Contact 4 telephone numbers:</b>					Please tick priority contact number	
Home						Relationship to child
Mobile						
Work						
Additional information						

### Other Settings

	YES	NO	If yes, please give name and contact details
Has your child previously attended a nursery/childminder/Preschool?			
Are you happy for CPS to contact them to obtain information regarding your child's progress at this setting to help settle them into CPS?			
Does your child currently attend any other setting e.g. nursery/childminder?			
Are you happy for CPS to share information with them about your to support your child's progress?			
If your child will be arriving/collected by a childminder, are you happy for CPS to share information with you via the childminder?			
Do you give permission for your child's long term developmental records to be passed on to the child's new setting/school when they leave the Pre-School?			

### Other Professionals Involved with your Child

	YES	NO	If yes, please give name and contact details
Does your child have Health Visitor?			
Does your child have a Social Worker?			
Are any other professionals involved in your child's care we should be aware of?			
Does your child have any Special Educational Needs?			
Are any of the following in place for your child? Early Years Action? Early Years Action Plus? Statement of special needs?			
What special support will he/she require at our setting?			

### Permissions

	YES	NO	
Do you give permission for CPS staff to carry out observations on your child?			
Do you give permission for your child to use ride-on toys in the playground?			NB If you wish your child to wear a helmet you will need to provide one.
Do you give permission for the staff to apply plasters as necessary?			
Do you give CPS permission to take your child out on local trips? E.g. village walks and farm trips? (Please note this is an overall consent and you will be asked for additional permission for each trip).			

**Other information**

Please give details of your child's toileting requirements.	
What other information is important for us to know about your child? E.g. likes/dislikes, special words or comforters they use?	

**Medical Information**

Doctor's name			
Practice name			
Practice address	Practice telephone number		
Do you give permission for the school to contact Doctor if necessary?	Yes	No	
Does your child have any HEALTH problems?	Yes	No	
If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant:			
Do you give permission for the school to administer medicine if necessary?	Yes	No	
Any other information relating to your child's health that you feel the school should be aware of i.e. problems eating, sleeping or toileting?			
Dietary Needs (if any)			

**Meal arrangements** *(please tick relevant box)*

Free School Meal	Paid School Meal	Sandwiches	Home
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**Travel arrangements** *(please tick relevant box)*

Walk	Car	Taxi	Cycle	Train	Bus	Coach	Other
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**Does your child have any Special Educational Needs?**

No	Yes	Statemented
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I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/guardian \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

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**Data Protection Act 1998**

Please note that personal details supplied on this form will be held and/or computerised by **Pinchmill Primary School** for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

**Please note: If you need any help filling out this form please contact with the school office.  
Written materials for pupils and parents can be made available in alternative formats.**