

HEADTEACHER: Mr S. Chiswell, BA Ed (Hons) NPQH
DEPUTY HEADTEACHER: Mrs L. Waldram, BSc (Hons) PGCE

Email: stmaryscadd@cbc.beds.sch.uk
Website: www.stmarysprimary.org.uk



St Mary's Catholic Primary School

New Starter Form

Personal Details of Pupil

Surname			
Legal Surname			
Other Names			
Preferred known name			
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home address			
No and street name			
Town			
Postcode		Tel no	
Name of any related pupil currently at this school:			
Full Name		Relationship to above pupil	
Name of PLAYGROUP/NURSERY or PREVIOUS SCHOOL attended if relevant:			
Playgroup/Nursery/Previous school Name			
County			



Dunstable Road ▪ Caddington ▪ Dunstable
 Bedfordshire ▪ LU1 4BB
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Additional information

Religion		Mother Tongue (Language spoken at home)	English <input type="checkbox"/>	NOT English <input type="checkbox"/>
Ethnic Group (Please tick one of the boxes below)			Court Orders	
White	- British	<input type="checkbox"/>	Are any court orders applicable to your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give further details below	
	- 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"/>		
Mixed	- White and Black Caribbean	<input type="checkbox"/>		
	- White and Black African	<input type="checkbox"/>		
	- White and Asian	<input type="checkbox"/>		
	- Any other Mixed background	<input type="checkbox"/>		
Asian or Asian British	- Indian	<input type="checkbox"/>		
	- Pakistani	<input type="checkbox"/>		
	- Bangladeshi	<input type="checkbox"/>		
	- Any other Asian background	<input type="checkbox"/>		
Black or Black British	- Caribbean	<input type="checkbox"/>		
	- African	<input type="checkbox"/>		
Chinese		<input type="checkbox"/>		
Any other ethnic background		<input type="checkbox"/>		
Prefer not to say		<input type="checkbox"/>		



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

Contact 2

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



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Contact 3 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 3 telephone numbers:					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information (if any)						

Contact 4 (optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from pupil address						
Contact 4 telephone numbers:					Tick priority contact number	
Home					<input type="checkbox"/>	Relationship to child
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Additional information (if any)						



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Medical Information

Doctor's name			
Practice name			
Practice address			Telephone number
Do you give permission for the school to contact Doctor if necessary?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any HEALTH problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>
Any other information relating to your child's health that you feel the school should be aware of:			
Dietary Needs (if any)			
Child's Dentist:			
Practice address and telephone number:			

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Meal arrangements (please tick relevant box)

Free School Meal <input type="checkbox"/>	Paid School Meal <input type="checkbox"/>	Sandwiches <input type="checkbox"/>	Home <input type="checkbox"/>
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Usual mode of travel to school (please tick relevant box)

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Car Share* <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>
Public Service Bus <input type="checkbox"/>	School Bus <input type="checkbox"/>	Bus (type not known) <input type="checkbox"/>				

* 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

Does your child have any Special Educational Needs?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Statemented <input type="checkbox"/>
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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 _____

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by St Mary's Catholic 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.



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