

Lancasterian Primary School

A safe and welcoming learning community where:

- we all aim high;
- everyone is included;
- creativity is valued.



King's Road, Tottenham, London, N17 8NN

Tel: 020 88088088 Fax: 020 8880 3319 email: admin@lancs-pri.haringey.sch.uk

Head Teacher: Paul Murphy

Deputy Head Teacher: Alison Maynard

New Student Form

Student Details

Legal Surname _____

First Name _____

Middle Name(s) _____

Gender Male Female

Home Address _____

Postcode _____

Preferred Surname _____

Known Name _____

Date of Birth _____

Home Telephone 1 _____ / _____ / _____

Home Telephone 2 _____

Mobile _____

Email Address _____

Nationality _____

Country of Birth _____

Religion _____

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)

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

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

Any other ethnic group

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

Does the child have a parent currently serving in the UK military? Yes No Prefer not to say

Is your child entitled to Free School Meals? Yes No

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? _____

Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
1						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
2						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
3						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
4						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
5						Yes / No
Address					Email Address	
Postcode						
Home Phone		Mobile		Work Phone		Main phone no.

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

Siblings

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

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 any emergency action that should be taken. (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines etc.)

Previous School Information

School Name _____

School Address _____

Postcode _____

Year your child left school _____

Parental Consent			
Consent Type	Permission		Notes
	<i>(Please circle your response)</i>		
Off-site school trips/activities - participation	Denied	Granted	
Off-site school trips/activities - receive first aid or urgent medical treatment	Denied	Granted	
Off-site school trips/activities - visit places of worship	Denied	Granted	
Photographs/Videos - for use within school premises	Denied	Granted	
Photographs/Videos - for use in school publications	Denied	Granted	
Photographs/Videos - for use on school website	Denied	Granted	
Permission to walk home alone	Denied	Granted	

If you wish to attend school trips with your child you will need to complete a list 99 check. Please complete the table below.

List 99 – Your Information (Your details)

Parent 1

First Name _____
Surname _____
Maiden Name _____
Date of Birth _____
NI Number _____

List 99 – Your Information (Your details)

Parent 2

First Name _____
Surname _____
Maiden Name _____
Date of Birth _____
NI Number _____

I confirm that the above information is correct:

Signed : _____

Date : _____

Lancasterian Primary School is committed to protecting the privacy and security of personal information. This privacy notice describes how we collect and use personal information about pupils, in accordance with the General Data Protection Regulation (GDPR), section 537A of the Education Act 1996 and section 83 of the Children Act 1989.

(Full GDPR available on <http://www.lancasterianprimary.co.uk/GDPR>)

