



The Hills Academy New Starter Form	Stancliffe Road Bedford MK41 9AT
Mrs M Whitehead, Headteacher	Tel: 01234 266498

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	Telephone No
Email address	

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	
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Additional information

Religion		All Languages spoken at home	
		Nationality	

Court Orders

Are any court orders applicable to your child? Yes No
 If yes, please give further details _____

Has your child ever been a 'looked after child' Yes No

Emergency Contact InformationPlease 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	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)			

Contact 3 (optional)

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

Contact 4 (optional)

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

Medical Information

Doctor's and Practice name			
Practice name			
Practice address		Practice telephone number:	
		Childs National Health Number:	
Do you give permission for the school to contact a 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 (e.g.: 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"/>	
Can your child have plasters?		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:

Meal arrangements (please tick relevant box)

Does your child have any dietary restrictions due to health, religion and or family circumstances?
Yes / No

Does your child eat:

Pork	Yes	<input type="checkbox"/>	Fish	Yes	<input type="checkbox"/>
Beef	Yes	<input type="checkbox"/>	Poultry	Yes	<input type="checkbox"/>
			Vegetarian	Yes	<input type="checkbox"/>

Free School Meal	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Home	<input type="checkbox"/>
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Travel arrangements (please tick relevant boxes)

Walk	<input type="checkbox"/>	Car	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Coach	<input type="checkbox"/>
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Does your child have any Special Educational Needs?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Statemented	<input type="checkbox"/>
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Has your child had any difficulty regarding:

Speech	Yes	<input type="checkbox"/>	_____	Walking/movement	Yes	<input type="checkbox"/>	_____
Toilet training	Yes	<input type="checkbox"/>		Behavioural	Yes	<input type="checkbox"/>	_____

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 **The Hills Academy** 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.

For office use only

Date of receipt : _____ Form checked:: _____

Birth Certificate checked : Yes / No _____ CB / Ubill checked: _____

Please complete the EAL section on the page 4

EAL Department English Language Profile and Tracker		Date profile opened:	Date last updated:
General Information			
Full Name:		Preferred Name:	
		Gender: M / F	DOB:
Country of Birth:	Ethnicity:	Religion:	Date of Arrival in UK (if not UK born):
Refugee: Yes / No	Asylum Seeker: Yes / No	First Language:	
Home Information			
Mother's / Carer's Name:	Relationship to child:	Nationality:	1 st Language: _____
			Other languages: _____
Father's / Carer's Name:	Relationship to child:	Nationality:	1 st Language: _____
			Other languages: _____
Other adults at home:		Other relevant details:	
Languages Used By The Student			
First Language:	Spoken and Understood? Yes / No	Reads? Yes / No	Writes? Yes / No
Other languages spoken and understood:		Languages used at home (including English):	
School History			
Any overseas schooling: Yes / No	In which country?	Ages (from-to):	
Any schooling in the UK? Yes / No	Details of previous schooling in the UK can be found on the usual admission forms.		
Additional Information			
<i>eg likes / dislikes</i>			
Support for Parents / Carers			
Do the Parents / Carers know someone who can act as a translator for them?		Yes / No	
Can school letters be sent home in English? If No, which language can we try to translate them into? _____		Yes / No	
Would Parents / Carers like information about English classes?		Yes / No	
Any Other Useful Information			