



New Starter Form 2021 / 2022

Personal Details of Student

Legal Surname		Please note that the Legal names are printed on Exam certificates
Legal Forename		
Legal Middle Name(s)		
Preferred known name		
Date of birth		Male <input type="checkbox"/> Female <input type="checkbox"/>

Home address

No and street name			
Town			
Postcode	Home tel no		

Emergency Contact Information

Please enter details **for a minimum of two contacts** in the order you wish them to be contacted in the event of an emergency. **Please include an email address for contacts with parental responsibility as information, reports, detention notifications, regular school updates and reminders are sent via email.**

*Before completing this section, please read the information on page 4 regarding **Parental Responsibility**.*

Emergency Contact 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Contact 1 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)						

Emergency Contact 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Contact 2 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)						

Emergency Contact 3 (Optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Contact 3 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
	<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)					

Dual Responsibility

Is there anybody not named above who has Parental Responsibility that would like to receive copies of written communications? Please specify their details below.

Name	Address	Email

Medical Information

Doctor's name		Practice telephone number	
Practice name & address			
Does your child have any <i>health</i> concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have an NHS Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes to any of these questions, please give details of the health concern or disability (e.g.: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant. If your child currently has a Health Care Plan please attach a copy to this form. All NHS Care Plans will be reviewed on transition to Upper School.			
If your child has been prescribed an Inhaler / Auto-injector do you give permission for the use of the school's emergency inhaler or auto-injector if required? If possible please provide school with a spare.	Auto-injector	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Inhaler	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child colour blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have a visual impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have a hearing impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you want HUS to hold any medication for your child?	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:			

Allergies / Dietary Information

Does your child have any allergies?	Yes <input type="checkbox"/> please specify:	No <input type="checkbox"/>
Any dietary needs?	Yes <input type="checkbox"/> please specify:	No <input type="checkbox"/>

Additional Information

Ethnic Group (Please tick one of the options)		
White	- British	<input type="checkbox"/>
	- Irish	<input type="checkbox"/>
	- Traveller of Irish Heritage	<input type="checkbox"/>
	- Gypsy/Roma	<input type="checkbox"/>
	- Italian	<input type="checkbox"/>
	- White Western European	<input type="checkbox"/>
Asian	- Indian	<input type="checkbox"/>
	- Pakistani	<input type="checkbox"/>
	- Bangladeshi	<input type="checkbox"/>
	- Any other Asian background	<input type="checkbox"/>

Ethnic Group (Please tick one of the options)		
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"/>
Black	- Caribbean	<input type="checkbox"/>
	- African	<input type="checkbox"/>
	- Any other Black background	<input type="checkbox"/>
Chinese		<input type="checkbox"/>
Any other ethnic group		<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

Nationality		Country of birth	
Religion			
Child's First Language			
Languages spoken at home	English	Yes / No	Other (please specify):
Prefer not to say			

Court Orders	
Are any court orders applicable to your child? If yes, please give further details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child adopted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been subject to an adoption, residency or guardianship order following a placement in Local Authority care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is either Parent/Carer of the child a member of the Armed Forces (category 1 or 2)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

School History

Name of Current School and County	
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Name of any related student currently at this school

Full name		Relationship to above student	
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Name of any related staff currently employed at this school

Full name		Relationship to above student	
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Does your child have any Special Educational Needs?

No Yes EHCP If Yes, please provide details here:

Consent

The school collects your child's personal data for use within the school in order to operate the day to day running of the school. This information is collected under Article 6E (Public Task) and Article 9 (Consent) of the General Data Protection Regulations (GDPR). Further information about how we collect and use student data can be found in our Privacy Notice which can be found in the policy section of the school's website www.harlington.org

During the school year we may take photographs or video recordings within school, either for curriculum use, for school displays, to be used in school publications, on our website or on the school's social media feeds.

In all cases below only the image will be used and your child will not be identified by name. Please ask your child to tick the boxes below relating to photographic consent.

Do you give consent for your photograph to be used in the prospectus, publicity and marketing materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give consent for photographs to be taken of yourself for use on the school's website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give consent for photographs to be taken of yourself for use on the school's social media feeds; Twitter, Instagram and Facebook for publicity and marketing purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

We also require consent for your child to be registered on the cashless catering system to purchase food. Please see enclosed letter for more information regarding biometric information and how it will be used.

Do you give consent for your child to be registered on the Biometric Cashless Catering system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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We are obliged to pass student information to the Local Authority as they have responsibilities in relation to the education or training of 13-19 year olds under section 507B of the Education Act 1996.

Do you want this information limited to your child's name, address and date of birth only? (<i>tick box if this is what you request</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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All contacts who have Parental Responsibility will automatically receive copies of all correspondence. If you would like to change this please email changedetails@harlington.org with your request. Please tick here to confirm that you have read and understood this statement.

You may withdraw consents at any time by emailing the Year Office.

Please read the following information regarding Parental Responsibility
Who has parental responsibility (source: www.gov.uk 01/15)

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he is:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can apply for parental responsibility if you don't automatically have it.

Births registered in England and Wales

- If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility. They both keep parental responsibility if they later divorce.
- An unmarried father can only get legal responsibility for his child in 1 of 3 ways:
 1. jointly registering the birth of the child with the mother (from 1 December 2003)
 2. getting a parental responsibility agreement with the mother
 3. getting a parental responsibility order from a court
- In Education Law a 'parent' is someone who has care of a child but doesn't necessarily have parental responsibility. For more details, please read the DfE document 'Understanding and dealing with issues relating to parental responsibility'. January 2016

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 by emailing the changes to changedetails@harlington.org.

Signature of Parent/Carer _____

Print name _____ **Date** _____