

New Student - Transition Information and Data Collection



Surname:

Forename:.....

Chosen name:.....

Date of birth:.....

Gender:.....

Address:.....

Phone:.....

Email:.....

Year Group:.....

Ethnicity:.....

Religion:.....

Home Language:.....

We collect and use pupil information under the Data Protection Act 1998 (DPA) and 'Article 6' and 'Article 9' of the General Data Protection Regulation (GDPR).
 Please see our website for more information about how we use pupil information.

<https://www.cedarstrust-school.org.uk/policies-and-procedures-primary>

I confirm the information recorded here is correct and I will inform the school immediately of any changes.

Signed.....

Date.....

Please give details of all persons who have parental responsibility in an emergency. Place them in order that you wish for them to be contacted.

Priority 1

Name: **Relationship:**

Mobile: **Email:**

Priority 2

Name: **Relationship:**

Mobile: **Email:**

Priority 3

Name: **Relationship:**

Mobile: **Email:**

Medical Information

GP Practice:

Address:

Phone:

Diagnosed medical conditions:

Does your child have a Health Care Plan? Yes / No

Does your child take regular medication at home? Please detail below.

Does your child need to take regular medication during school hours?

Yes / No

If yes, please complete separate Medical Health Care Plan form available from the office.

Does your child need to have emergency medication in school e.g. midazolam? Yes / No

If yes, please complete Medical Health Care Plan form.

Does your child have any dietary requirements? Please detail below:

Does your child have any allergies? Please detail any symptoms/reactions below:

Consent to administer paracetamol

Should your child become unwell at school and you would wish an authorised member of staff to be able to administer Calpol or paracetamol tablets to your child, please sign below to give consent.

All doses will be recorded and you will be notified of the dose given and time of administration.

Please circle your preferred choice:

Paracetamol Tablets: 1x 500mg tablet 2x 500mg tablets

Paracetamol Syrup: 5ml 10ml

I consent to my child being given paracetamol in school by a member of staff.

Signed.....Date:.....

Travel Arrangements

Bicycle **Train/Metro** **School transport**
Walk **Car/Van** **Other**

Meal Preferences

Children are able to make meal choices on a daily basis. However, to aid our catering department prepare for September, it is useful to know how many children intend to have school lunches. This can be changed at any time.

Meal type	Mon	Tues	Wed	Thurs	Fri
School meal					
Packed lunch					
Home					