

Ysgol Gynradd Llanidloes

New Pupil Form

Legal Surname _____ Preferred surname _____

First name _____ Known name _____

Middle name(s) _____ Date of birth _____

Gender Male Female Home telephone _____

Home address _____

Postcode _____ Nationality of child _____

Ethnicity of child (please tick)

<input type="checkbox"/> White: British	<input type="checkbox"/> Asian or Asian British: Indian
<input type="checkbox"/> White: Irish	<input type="checkbox"/> Asian or Asian British: Pakistani
<input type="checkbox"/> Occupational Traveller	<input type="checkbox"/> Asian or Asian British: Bangladeshi
<input type="checkbox"/> White: Other	<input type="checkbox"/> Asian or Asian British: Other
<input type="checkbox"/> White: Gypsy / Roma	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Mixed: Caribbean	<input type="checkbox"/> African
<input type="checkbox"/> Mixed African	<input type="checkbox"/> Black or Black British: Other
<input type="checkbox"/> Mixed: White and Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Other (please state) _____

First language Welsh English Other (please state) _____

Language spoken at home Welsh English Other (please state) _____

Child's fluency in Welsh Fluent Speaks Welsh, not fluent Cannot speak Welsh

Welsh at school Taught Welsh as first language Taught Welsh as second language
 Disapplied from curriculum by SEN statement

Is your child entitled to Free School Meals? Yes No

Is your child entitled to free transport to and from school? Yes No

If your child has any siblings who attend (or have attended) this school, please provide their names:

Contact details

Contact 1

Title: _____ First name: _____ Surname: _____

Relationship to child: _____ Parental responsibility: Yes / No (please circle)

Address: _____

Postcode: _____ Email address: _____

Home phone: _____ Work: _____ Mobile: _____

Contact 2

Title: _____ First name: _____ Surname: _____

Relationship to child: _____ Parental responsibility: Yes / No (please circle)

Address: _____

Postcode: _____ Email address: _____

Home phone: _____ Work: _____ Mobile: _____

Contact 3

Title: _____ First name: _____ Surname: _____

Relationship to child: _____ Parental responsibility: Yes / No (please circle)

Address: _____

Postcode: _____ Email address: _____

Home phone: _____ Work: _____ Mobile: _____

Contact 4

Title: _____ First name: _____ Surname: _____

Relationship to child: _____ Parental responsibility: Yes / No (please circle)

Address: _____

Postcode: _____ Email address: _____

Home phone: _____ Work: _____ Mobile: _____

Unless otherwise indicated by you, the mobile telephone number of the first contact will be added to our text messaging service.

Please detail any court orders applying to the child (for example, Ward of Court, legal rights of access):

Medical details

Doctor's name: _____ Telephone number: _____

Medical practice name and 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 dietary requirements or medical conditions that the school should be aware of, and any emergency action that should be taken (for example, asthma, epilepsy, allergies, medication required):

I confirm that the above information is correct.

Signed: _____

Print name: _____

Date: _____