



Cassiobury Junior School

NEW STARTER FORM 2026/2027

TO BE COMPLETED BY PERSON WITH PARENTAL RESPONSIBILITY FOR THE CHILD.

Please write clearly in CAPITAL letters.

Child's Full Name:	
Date of Birth:	
Child's Ethnicity:	
Religion:	
Home Language spoken:	
First Language:	
Country of Birth:	
Nationality:	
Name and class of any sibling(s) currently at Cassiobury Jnr (inc Yr 6)	
House Name/Colour if child at Cassiobury Infants School	
FIRST PARENT CONTACT DETAILS	
Name:	
Relationship to child:	
Address:	
Telephone Numbers:	
Email Address:	

SECOND PARENT CONTACT DETAILS	
Name:	
Relationship to child:	
Address:	
Telephone Numbers:	
Email Address:	
Emergency Contact 3 (different to above):	
Name:	
Relationship to child:	
Address:	
Telephone Numbers: Mobile	
Telephone Numbers: other	
Emergency Contact 4 (different to above):	
Name:	
Relationship to child:	
Address:	
Telephone Numbers: Mobile	
Telephone Numbers: other	
HOME ARRANGEMENTS:	
Parents live together	Prefer not to say Yes No
Are there any home arrangements you would like the school to be aware of	Yes No
If yes, please use the space provided.	

MEDICAL		
Does the above child have a medical condition requiring medical treatment or medication? If yes, please give details;	Yes	No
Does the above child have an allergy to certain medications? If yes, please give details;	Yes	No
Has s/he received a tetanus injection in the last 5 years?	Yes	No

I wish to draw the following to the School's attention:			Please provide details:
Allergies:	Yes	No	
Special dietary requirements:	Yes	No	
Phobias	Yes	No	
Travel sickness	Yes	No	
Toileting difficulties	Yes	No	
Recent operations or treatment	Yes	No	
Other conditions which may affect fitness to participate in certain activities:	Yes	No	
Family Doctor Details:			
Name:			
Address:			
Telephone Number:			
NHS Number:			
CONSENT:			
I give consent for my child:			
To leave the school premises for local, curriculum related visits, & sports fixtures	Yes	No	
To receive medical treatment as necessary	Yes	No	

I consent for the school to take and use photos of my child.	Yes	No
Internet access in school hours – ICT Agreement in the School Handbook	Yes	No
My child's information being shared with Secondary Schools (subject to GDPR Regulations)	Yes	No
I have read and agree to the School Handbook	Yes	No
I have read and agree to the Online Payment and Consent System – School Gateway on the School Handbook	Yes	No
I have read and agree to the Home School Agreement	Yes	No
I undertake to inform the school as soon as possible of any changes to medical circumstances.	Yes	No
My child can swim 25m unaided	Yes	No
My child is water confident	Yes	No

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Please provide any additional information about your child that the school should be aware of, including details about their learning and developmental history.
This may include information about early childhood milestones, and interventions or support received during infant school and whether your child is awaiting assessment, advice or support from external services or professionals:

Signed:	Name in Capitals:
Relationship to child:	Date: