

# TIBSHELF COMMUNITY SCHOOL



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 01773 872391  
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## New Student Information

It is very important that if any of the following information changes, the school is informed **as soon as possible**. This is especially important in the case of emergencies, when we must have correct telephone numbers. **Please include your main e-mail address** as we plan to use this as a principal means of communication regarding school issues & information. Please complete the form as fully as possible.

Child Details			
Tibshelf Community School Start Date:			
National Curriculum Year:		Gender:	
Previous School:			
Legal names must be as the child's name appears on the student's birth certificate. If the surname has changed through legal process, please supply a copy of documentation. If the student has a preferred name please enter these below to inform staff to use these names in general correspondence.			
Legal Surname:		Legal Forename:	
Preferred Surname:		Preferred Forename:	
Middle Name:		Date of Birth:	
Address:			
Postcode:			
Home Telephone Number:			
Have you any other children, for whom you have parental responsibility, currently attending Tibshelf Community School? If so please give details			
Name:		Form:	
Name:		Form:	
Name:		Form:	
Name:		Form:	



**Contact Details (Please enter at least 3 emergency contacts starting with the primary carer)**

\*Parental portal/app gives you access to live student data such as attendance, behaviour, timetable etc. Logins will be issued at a later date. The School also uses a text messaging service to alert parents of snow closures, absences and other relevant news about their child/the school.

**Primary Caregiver** *will receive text messages, parental portal app access, all correspondence and progress reports*

Order in which to contact in an emergency. 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>		Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Surname:		Forename:	
Home Tel:		Mobile:	
Work:		Relationship to child:	
Address: Same as child <input type="checkbox"/>			
Post Code:			

My preferred correspondence method is email direct from the school. My email address is below and I am responsible for informing the school should my email address change.

Email address: \_\_\_\_\_

I do not wish to receive electronic communication from the school and will require correspondence via post.

**Contact 1** *can receive text messages, parental portal app access, all correspondence and progress reports if requested*

Order in which to contact in an emergency. 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>		Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Surname:		Forename:	
Home Tel:		Mobile:	
Work:		Relationship to child:	
Address Same as child <input type="checkbox"/>			
Post Code:		Receive news, text messages/Parent Portal App*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:			
Receive Progress Report <i>(parents only):</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Written correspondence:	Email <input type="checkbox"/> Post <input type="checkbox"/> None <input type="checkbox"/>

**Contact 2**

Order in which to contact in an emergency. 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>		Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Surname:		Forename:	
Home Tel:		Mobile:	
Work:		Relationship to child:	
Address Same as child <input type="checkbox"/>			
Email:			

**Contact 3** *optional emergency contact*

Order in which to contact in an emergency. 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/>		Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Surname:		Forename:	
Home Tel:		Mobile:	
Work:		Relationship to child:	



## Dietary Information

Does your child have any food allergies?

Does your child have any specific dietary requirements?

## Medical

Do you consider your child to have any disabilities? Yes  No

If yes, please give details:

Does your child have to take any tablets/medication regularly or at specific times?

Yes  No

If Yes, please specify medication here and fill in the consent form at the end of the booklet:

Is your child allergic to specific drugs? (e.g. Penicillin)

Yes  No  Not Known

If Yes, please specify:

Are there any other aspects of your child's health which we should be aware of?

Yes  No

If Yes, please specify:

Do you consent that if your child needs urgent medical or dental treatment and we are unable to contact any of the emergency numbers you have given us, the first aider or group leader in charge at the time is authorised on your behalf to give consent to such emergency treatment?

*I consent*  *I do not consent*

## Doctor

Surgery Address:

Telephone Number:



Child Characteristics			
Ethnicity			
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other White Background <input type="text"/>		
Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed Back Ground <input type="text"/>		
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="text"/>		
Black or Black British	Black Caribbean   Black African <input type="checkbox"/> Any other Black Background <input type="text"/>		
Other	<input type="checkbox"/> Any other Background <input type="checkbox"/> Do not wish to disclose <input type="text"/>		
Language			
First Language:		Level of English Language	
<input type="checkbox"/> English <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input type="text"/>		<input type="checkbox"/> Basic <input type="checkbox"/> Good <input type="checkbox"/> Fluent	
Other Languages spoken fluently		<input type="text"/>	
Country of Birth		Date of entry (non UK)	
Nationality			
Religion			
<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> None	<input type="checkbox"/> Jewish <input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="text"/>	
Any special arrangements for your child required due to religious beliefs? (provide details)			
<input type="text"/>			
Other Details			
Does your child have a parent who serves in a regular military unit in any of the forces, and exercises parental care and responsibility of them? <i>If yes the school can receive extra funding and use this to enhance your child's education.</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please tick the mode of transport used ( <b>most regularly</b> ) in getting to and from school.			
<b>TICK ONE ONLY</b>			
<input type="checkbox"/> Car/Van <input type="checkbox"/> Public Service Bus <input type="checkbox"/> Cycle <input type="checkbox"/> Taxi	<input type="checkbox"/> Dedicated School Bus (Not Public Transport) <input type="checkbox"/> Car Share (With child/children from a different house) <input type="checkbox"/> Walks to School <input type="checkbox"/> Other – please specify:		



## Consent

Do you consent to your child being photographed and/or filmed for potential use in displays in school and in publications? **TICK ONE ONLY**

*I consent to child's photo/video being taken and publishing internally and to external publications (for example website, social media, newspapers)*

Or

*I consent to child's photo/video being taken and publishing internally only (for example wall displays, information screens)*

Or

*I do not consent to child's photo/video being taken and published*

Do you consent to your child leaving the school premises to participate in local visits, including sporting activities that are offered by the school? For longer or more adventurous activities, you will be informed separately by letter and further consent will be required.

*I consent  I do not consent*

Do you consent to us taking your child's fingerprint in order for him/her to use the cashless catering system used in the school? (This information cannot be used by any other agencies and will be deleted once your child leaves the school).

*I consent  I do not consent*

## Signatures

I have read and acknowledged the acceptable use policy for internet and email within school.

Student Signature: \_\_\_\_\_

All the data provided on this form is correct to the best of my knowledge and I have read and acknowledged the acceptable use policy for internet and email within school.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any other information relevant to the child

***Basic information about students is held on computer to assist with the efficient organisation of the School and the individuals' educational needs. All student information (including biometric data) is safeguarded by the Data Protection Act (1998)***

