

**NEWTOWN HIGH SCHOOL – CONTACT FORM  
PRIVATE AND CONFIDENTIAL INFORMATION**

Name of parent/guardian completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF ANY OF YOUR CONTACT DETAILS (including mobile phone numbers) CHANGE,  
PLEASE ADVISE THE SCHOOL IMMEDIATELY.**

**PUPIL DETAILS**

Legal Forename: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Preferred Forename (if different from above): \_\_\_\_\_ Preferred surname (if different from above) : \_\_\_\_\_

Gender: Male  Female  Date of birth: \_\_\_\_\_

Pupil's home address: \_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_

If the pupil lives at a different address to the one above for part of the week, please give details here: \_\_\_\_\_  
\_\_\_\_\_

**FAMILY DETAILS**

**Siblings**

If the pupil has an older brother or sister who is currently studying at Newtown High School or has studied here, please give details here:

Name: \_\_\_\_\_ Year group (if current) or Date of leaving (if left): \_\_\_\_\_

**Parent/Guardian Contact Details (1)**

Title: Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_ Gender: Male  Female

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to pupil: Mother  Father  Step-parent  Grandparent  Foster parent  Carer

Other: \_\_\_\_\_

Does this contact have parental responsibility for this child? Yes  No

Does this contact wish to receive a copy of the child's school report? Yes  No

Home address (if different from child's): \_\_\_\_\_  
\_\_\_\_\_ Post code: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_ Work telephone no.: \_\_\_\_\_

Mobile telephone no.: \_\_\_\_\_ Email address: \_\_\_\_\_

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**Parent/Guardian Contact Details (2)**

Title: Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_ Gender: Male  Female

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to pupil: Mother  Father  Step-parent  Grandparent  Foster parent  Carer

Other: \_\_\_\_\_

Does this contact have parental responsibility for this child? Yes  No

Does this contact wish to receive a copy of the child's school report? Yes  No

Home address (if different from child's): \_\_\_\_\_

Post code: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_ Work telephone no.: \_\_\_\_\_

Mobile telephone no.: \_\_\_\_\_ Email address: \_\_\_\_\_

**Contact Priority**

Do you wish one of the above contacts to be contacted first when the school has a query or do they have equal priority?

Equal priority  **OR** First Contact (name): \_\_\_\_\_ Second contact (name): \_\_\_\_\_

If details of only one parent are listed above, please give the name of the other parent, and specify if there is any legal reason why the other parent should not be given academic or attendance information about their child by the school e.g. a court order:

Name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_

Details: \_\_\_\_\_

**Additional contacts**

If daytime contact is difficult with the contacts above, please give details of up to two alternative persons who may be reached on their behalf:

1<sup>st</sup> contact name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Mobile tel. no.: \_\_\_\_\_

2<sup>nd</sup> contact name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Mobile tel. no.: \_\_\_\_\_

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**MEDICAL DETAILS**

Please give details below of any medical conditions your child has. Please tick all that apply and give details where applicable:

Any Allergy  Details: \_\_\_\_\_ Does your child carry an epipen? Yes  No

Asthma  Details: \_\_\_\_\_ Does your child carry an inhaler? Yes  No

Disability  Details: \_\_\_\_\_

ADHD  *Please use the space below to provide further details if you wish:*

Autism

Diabetes

Eczema

Epilepsy

Hayfever

Migraines

Other: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE MAKE THE SCHOOL AWARE AS SOON AS POSSIBLE OF ANY NEW MEDICAL ISSUES THAT ARISE.**

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medication** (including over-the-counter products e.g. paracetamol, ibuprofen, cough medicine etc)

Please note that if your child needs to take medicine in school time, you will need to complete the School Administering of Medication form and bring the medicine to staff in reception. **NO PUPIL SHOULD CARRY THEIR OWN MEDICATION** (except for an inhaler or epipen where applicable).

**TRAVEL ARRANGEMENTS**

Does your child travel to school by bus? Yes  No  If yes, please complete below.....

Public bus  Dedicated School bus  Pick up point (please specify): \_\_\_\_\_

**PREVIOUS SCHOOL**

Name: \_\_\_\_\_ Address (town): \_\_\_\_\_

Date of arrival: \_\_\_\_\_ Date of leaving: \_\_\_\_\_

**PARENTAL CONSENT**

If you object to your child being photographed for use: 1) in displays around the school, in school newsletters or on the school website, please tick here  and/or 2) in the local press, please tick here

If you object to your child being photographed (where applicable) in order to help quickly identify to staff, children with chronic medical problems, please tick here

All school documentation can now be found on the school website [www.newtown-hs.powys.sch.uk](http://www.newtown-hs.powys.sch.uk)  
If you are unable to access this information, please tick here

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**ETHNIC / CULTURAL DETAILS**

**Ethnicity** – how would you describe your child’s ethnic origin? Please tick one and give details...

Any WHITE background  Please state (e.g. British): \_\_\_\_\_

Any MIXED background  Please state: \_\_\_\_\_

Any ASIAN background  Please state: \_\_\_\_\_

Any BLACK background  Please state: \_\_\_\_\_

Any ORIENTAL background  Please state: \_\_\_\_\_

GYPSY / TRAVELLER / OTHER  Please state: \_\_\_\_\_

**National Identity** – what is your child’s National Identity? Please tick one...

Welsh  English  British  Scottish  Irish  Other  Please specify: \_\_\_\_\_

**First Language** – what was the first language your child learnt?

English and/or Welsh/Cymraeg  Other  Please specify: \_\_\_\_\_

**Home Language** – what language does your child speak at home?

English  Welsh/Cymraeg  Other  Please specify: \_\_\_\_\_

**Welsh Language**

Can your child speak any Welsh? Yes  No  If yes, please tick all that apply below...

Speaks fluent Welsh  Taught Welsh as First Language

Speaks Welsh but not fluently  Taught Welsh as Second Language

Speaks Welsh with parent(s)  Speaks Welsh with sibling(s)

**Religion** (optional) – what is your child’s religion?

Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other Religion  No Religion  Prefer not to say