



STUDENT ADMISSION: DATA COLLECTION SHEET

Data Protection Act 1988: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

CHILD

Tutor Group:		Date of birth:	M/ F:
Legal Surname:		Preferred first & surname:	
Legal First name:		Childs First Language	
Middle name:			

(optional) Was your child adopted from care or left care under a Special Guardianship Order: **YES/NO**

MOTHER:

FATHER:

Title:	Name:	Title:	Name:
ADDRESS		ADDRESS	
Post Code:		Post Code:	
Telephone: Home		Telephone: Home	
Telephone: Mobile		Telephone: Mobile	
Telephone: Work		Telephone: Work	
Email address:		Email address:	
Please tick the box if the CHILD lives at this address <input type="checkbox"/>		Please tick the box if the CHILD lives at this address <input type="checkbox"/>	
Mothers' first language:		Fathers' first language:	
Mothers' date of Birth:		Fathers' date of Birth:	
Does this parent/guardian have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does this parent/guardian have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If parents are separated or divorced has a court order been issued? Yes No

If yes, please state: **Contact Order** or **Residence Order** or **Child Arrangement Order**

OTHER EMERGENCY CONTACT DETAILS

Please list below all other contacts in priority order to show in which order people should be contacted in the case of an emergency. THESE ARE VERY IMPORTANT TO US. IF YOUR CHILD BECOMES ILL DURING THE DAY WE NEED TO BE ABLE TO CONTACT YOU, OR SOMEONE ACTING FOR YOU WHO ARE ABLE TO COLLECT YOUR CHILD. Please give at least two contact numbers. We suggest the telephone numbers of any place of work and one other emergency contact, perhaps a grandparent if they live close by. If you have no relatives in the area then ask a friend, neighbour or child minder if they would be willing to act as an emergency contact.

Priority	Name	Relationship	Address	Phone No.
3				1.
				2.
				3.
4				1.
				2.
				3.
5				1.
				2.
				3.

MEAL ARRANGEMENT

Free School Meal Paid School Meal Sandwiches

MEDICAL DETAILS

Doctor's Name: (essential information please)

Doctor's Surgery:

Medical/Dietary information the school should be aware of:

Has a Statement of Special Needs been issued in respect of your child?

YES NO

ETHNIC ORIGIN OF CHILD

ETHNICALLY based STATISTICS (to be completed on behalf of all students)

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all.

White		Black or Black British		Other backgrounds		Home Language
British		Caribbean		Vietnamese		
Irish		Somali		Chinese		
Irish Traveller		Other Black African		Other Ethnic Group		
Gypsy/Roma		Any other Black				
Any other White						
Asian or Asian British		Mixed/Dual background		I do not wish an ethnic background category to be recorded <input type="checkbox"/>		Religion of child
Indian		White/Black Caribbean				
Pakistani		White/Black African				
Bangladeshi		White/Asian				
Any other Asian		Any Other Mixed				

TRAVEL ARRANGEMENTS

Walk Car Bicycle School Bus Taxi Car Share

Is there any other information you would like to share with the school?

PREVIOUS SCHOOL (if not transferring from Year 6 to Year 7)

Name:

Address (if not a local school):

Reason for leaving:

I agree that appropriate images that include my son/daughter may be published subject the school e-safety policy.

Yes No

Signature: _____

Date: _____

Name (in block capitals): _____

Title: _____