

Student Data Collection Form

<i>This row is for office use only</i>	UPN:	Admin No:	VMG Group:
	Arrival Date:	CTF requested:	CTF imported:

Please complete the details below

I. Student Details

Legal Surname: <input style="width: 90%;" type="text"/>	Address: <div style="border: 1px solid black; height: 150px; width: 95%;"></div>
Forename: <input style="width: 90%;" type="text"/>	
Middle Name(s): <input style="width: 90%;" type="text"/>	
Preferred Surname: <input style="width: 90%;" type="text"/>	
Preferred Forename: <input style="width: 90%;" type="text"/>	Postcode: <input style="width: 90%;" type="text"/>
Date of Birth: <input style="width: 20%;" type="text"/>	Gender (M/F): <input style="width: 20%;" type="text"/>
	Home Tel: <input style="width: 90%;" type="text"/>

Home correspondence to be addressed to: (Home Salutation) Miss/Mrs/Mr/Other	<input style="width: 95%;" type="text"/>
Date of Admission Requested:	<input style="width: 95%;" type="text"/>
Name of Previous School:	<input style="width: 95%;" type="text"/>

2. Parent / Carer Contact priority

Please put the contact names given below in order of priority to be contacted. Please enter full contact details on next pages.	
Priority 1	<input style="width: 95%;" type="text"/>
Priority 2	<input style="width: 95%;" type="text"/>
Priority 3	<input style="width: 95%;" type="text"/>
Priority 4	<input style="width: 95%;" type="text"/>
Priority 5	<input style="width: 95%;" type="text"/>

3. Parental Responsibility – Please ensure you give details of all people with parental responsibility for the student. Parental responsibility *usually* refers to all biological parents; step parents living with a child; any person who has acquired parental responsibility through a court; any person who lives with and looks after a child.

Parent / Carer 1		Please tick where the following apply:			
Title:		Has parental responsibility?	<input type="checkbox"/>	Parental responsibility removed by court order	<input type="checkbox"/>
Forename(s):		Lives with Student:	<input type="checkbox"/>	(Please complete Home Address if not living with student)	
Surname:		Home Address:	Work / Daytime Address:		
Relationship to student:					
Tel No.s:	Tick 1 st priority to call				
Home	<input type="text"/>	<input type="checkbox"/>			
Mobile	<input type="text"/>	<input type="checkbox"/>			
Work / Daytime	<input type="text"/>	<input type="checkbox"/>			
		Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
		Email:	<input type="text"/>		
Any other relevant info:	<input type="text"/>				

Parent / Carer 2		Please tick where the following apply:			
Title:		Has parental responsibility?	<input type="checkbox"/>	Parental responsibility removed by court order	<input type="checkbox"/>
Forename(s):		Lives with Student:	<input type="checkbox"/>	(Please complete Home Address if not living with student)	
Surname:		Home Address:	Work / Daytime Address:		
Relationship to student:					
Tel No.s:	Tick 1 st priority to call				
Home	<input type="text"/>	<input type="checkbox"/>			
Mobile	<input type="text"/>	<input type="checkbox"/>			
Work / Daytime	<input type="text"/>	<input type="checkbox"/>			
		Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
		Email:	<input type="text"/>		
Any other relevant info:	<input type="text"/>				

Parent / Carer 3 (if applicable)		Please tick where the following apply:	
Title:		Has parental responsibility? <input type="checkbox"/>	Parental responsibility removed by court order <input type="checkbox"/>
Forename(s):		Lives with Student: <input type="checkbox"/>	(Please complete Home Address if not living with student)
Surname:		Home Address:	Work / Daytime Address:
Relationship to student:			
Tel No.s:	Tick 1 st priority to call		
Home	<input type="text"/>	<input type="checkbox"/>	
Mobile	<input type="text"/>	<input type="checkbox"/>	
Work / Daytime	<input type="text"/>	<input type="checkbox"/>	
	Postcode:	<input type="text"/>	Postcode: <input type="text"/>
	Email:	<input type="text"/>	
Any other relevant info:	<input type="text"/>		

Additional Emergency Contact Details

Please give details of any additional contacts the Academy should use in case parents cannot be contacted in an emergency.

Emergency Contact 1		Tel No.s:		Tick 1 st priority to call	
Title:		Home	<input type="text"/>	<input type="checkbox"/>	
Forename(s):		Mobile	<input type="text"/>	<input type="checkbox"/>	
Surname:		Work / Daytime	<input type="text"/>	<input type="checkbox"/>	
Relationship to student:					
Any other relevant info:	<input type="text"/>				

Emergency Contact 2		Tel No.s:		Tick 1 st priority to call	
Title:		Home	<input type="text"/>	<input type="checkbox"/>	
Forename(s):		Mobile	<input type="text"/>	<input type="checkbox"/>	
Surname:		Work / Daytime	<input type="text"/>	<input type="checkbox"/>	
Relationship to student:					
Any other relevant info:	<input type="text"/>				

4. Medical Information

Doctor (GP)

Doctor's Name:

Practice Name and Address:

Practice Telephone:

Medical History

Major Illnesses / Injuries:
(Please give details, including date and doctor/hospital attended – use additional sheet if required)

Current Medical Treatment:
(Please tell us if your child is receiving any medical treatment. Please include information about your child's individual symptoms and the care required.)

If this box is completed, the Student Health Officer will be in contact to complete a Healthcare Plan.

Emergency Consent

Tick to indicate consent

We will make every reasonable effort to contact you should a medical emergency arise. In case we cannot contact you quickly enough, we must have your consent to your child receiving urgently needed treatment.

Current Conditions / Medical Issues

Your child suffers from: **Yes** **No** **Comments** (please add further details below or on separate sheet)

Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hay-Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Severe Period Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Any Eyesight problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Any Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Allergic to penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food allergies (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Current Conditions / Medical Issues (continued)...

Your child suffers from: Yes No Comments (please add further details below or on separate sheet)

Other allergies (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

My child carries their own Medication: Tick only if applicable

Epi-pen

It is the parents' responsibility to make sure these items are kept in date. **Please ensure an additional epi-pen or inhaler is provided to be kept in Student Health in the event of an emergency.**

Inhaler

No other medications are allowed to be carried by a student. If your child requires any medication this should be signed in with Student Health with the correct labels.

5. Ethnicity / Cultural

Ethnic Group		Please tick one box	
White	- British	WBRI	<input type="checkbox"/>
	- Irish	WIRI	<input type="checkbox"/>
	- Traveller of Irish heritage	WIRT	<input type="checkbox"/>
	- Gypsy / Roma	WROM	<input type="checkbox"/>
	- White other	WOTH	<input type="checkbox"/>
Mixed	- White and Black Caribbean	MWBC	<input type="checkbox"/>
	- White and Black African	MWBA	<input type="checkbox"/>
	- White and Asian	MWAS	<input type="checkbox"/>
	- Any other mixed background	MOTH	<input type="checkbox"/>
Asian or Asian British	- Indian	AIND	<input type="checkbox"/>
	- Pakistani	APKN	<input type="checkbox"/>
	- Bangladeshi	ABAN	<input type="checkbox"/>
	- Any other Asian background	AOTH	<input type="checkbox"/>
Black or Black British	- Caribbean	BCRB	<input type="checkbox"/>
	- African	BAFR	<input type="checkbox"/>
	- Any other black background	BOTH	<input type="checkbox"/>
Chinese	CHNE	<input type="checkbox"/>	
Any other ethnic background	OOth	<input type="checkbox"/>	
Prefer not to say	REFU	<input type="checkbox"/>	

Religion		Please tick one box	
Baptist	BPT	<input type="checkbox"/>	
Church of England	CE	<input type="checkbox"/>	
Other Christian	CHR	<input type="checkbox"/>	
Greek Orthodox	GRE	<input type="checkbox"/>	
Hindu	HIN	<input type="checkbox"/>	
Jehovah's Witness	JEV	<input type="checkbox"/>	
Jewish	JEW	<input type="checkbox"/>	
Methodist	MTH	<input type="checkbox"/>	
Muslim	MUS	<input type="checkbox"/>	
Roman Catholic	RC	<input type="checkbox"/>	
Sikh	SIK	<input type="checkbox"/>	
United Reform Church	URC	<input type="checkbox"/>	
Other	OTH	<input type="checkbox"/>	
No Religion	NON	<input type="checkbox"/>	
Prefer not to say	REF	<input type="checkbox"/>	

Language

First language spoken (in early childhood at home) by the student

English

Not English

If first language is not English, please state language spoken at home

6. Nationality

Country of Birth:	National Identity:	Please tick one box
<input type="text"/>		Welsh <input type="checkbox"/>
Nationality:		English <input type="checkbox"/>
<input type="text"/>		Irish <input type="checkbox"/>
National Identity if "other" →		Scottish <input type="checkbox"/>
<input type="text"/>	←	British <input type="checkbox"/>
		Other (please state ←) <input type="checkbox"/>

7. Additional Information

Travel Arrangements	Provided Privately <input type="checkbox"/>	Provided by LA <input type="checkbox"/>	Meal Arrangements	Please tick one box
Walk	<input type="checkbox"/>		Free school meals	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>		Paid school meals	<input type="checkbox"/>
Car / Van	<input type="checkbox"/>		Packed lunch	<input type="checkbox"/>
Car Share	<input type="checkbox"/>		Other	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	If your child has ever had an entitlement for free school meals, please give dates Start date <input type="text"/> End date <input type="text"/>	
Train	<input type="checkbox"/>	<input type="checkbox"/>		
Dedicated School Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Public Service Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>			
Young Carer Is your child a Young Carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dietary Requirements	Please tick
Service Child Has any parent ever served for the regular HM Forces? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Halal	<input type="checkbox"/>
Currently Serving <input type="checkbox"/>	Or date left <input type="text"/>		Kosher	<input type="checkbox"/>
			Vegetarian	<input type="checkbox"/>
			No pork	<input type="checkbox"/>
			Other (please state) <input type="text"/>	
			<i>please enter food allergies in the medical information above</i>	

8. Related Students

Please give details of any other students at the Academy who are related to your child:		
Full Name	Year Group	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Parental Consents

Please tick the box to give consent to allow your child to do the following:

- Attend sex education lessons
- Take part in local school visits accompanied by an appropriate member of staff
- Access the internet at the Academy.

10. Parent's Agreement

Please tick **all** of the boxes below to confirm you have:

- Been provided with a copy of the Outwood Grange Academies Trust **Privacy Policy** and have returned a signed copy to the Academy either with this form (new entrant) or previously (current student)
- Been provided with a copy of the Outwood Grange Academies Trust **Photograph Policy** and have returned a signed copy to the Academy either with this form (new entrant) or previously (current student)
- Been provided with a copy of the Outwood Grange Academies Trust **Biometrics Policy** and have returned a signed copy to the Academy either with this form (new entrant) or previously (current student)
- Given accurate information in this form and that you will endeavour to inform the school of any changes to these details at the earliest opportunity.

Print Name

Signature

Date

**Please complete all sections and return to your Year 6 teacher
by Friday 22 June 2018**