

ST. CHAD'S C.E.(C) PRIMARY SCHOOL

DATA COLLECTION FORM



Please complete using capital letters and return to school as soon as possible.

DETAILS OF CHILD

Legal Surname: _____ First Name: _____ Middle Name: _____

Preferred First Name: _____ Date of Birth: _____ Gender: Male/Female
(please circle)

Address: _____

Postcode: _____ Home telephone number: _____

Previous School(s) / Pre-School / Playgroup:

Main mobile number for receiving text messages: _____

Please also give the name of whose mobile number this is: _____

Main email address for receiving emails: _____

DETAILS OF PERSONS WITH PARENTAL RESPONSIBILITY

Mother/ Carer: Mrs/Miss/Ms: _____ (full name) **Legal Parental Responsibility** Yes / No
(please circle)

Address (if different from child): _____

Tel: Home: _____ Work: _____ Mobile: _____

Name and address of employer: _____

In order to meet our access arrangements, **do you have a disability?** Yes/No (please circle)

If yes, please give details: _____

Father/ Carer: Mr: _____ (full name) **Legal Parental Responsibility** Yes / No
(Please circle)

Address (if different from child): _____

Tel: Home: _____ Work: _____ Mobile: _____

Name and address of employer: _____

In order to meet our access arrangements, **do you have a disability?** Yes / No (Please circle)

If yes, please give details: _____

Information about any other adults (over 16) who live in the same house as the child:*(eg. foster parent, step-mother, step-father, mother's partner, father's partner, carers, grandparent)*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

DETAILS OF OTHER CONTACTS***In the case of an emergency, or where school is unable to contact parents, please provide information for additional contacts:*****CONTACT 1:**

Name: _____ Relationship: _____

Telephone numbers (daytime numbers & mobile): _____

Address: _____

CONTACT 2:

Name: _____ Relationship: _____

Telephone numbers (daytime numbers & mobile): _____

Address: _____

SCHOOL MEALS: Please indicate what your child usually takes as we have to enter this information on our data system.**KS2 (Y3-6) ONLY**Hot Meal Sandwiches Free School Meal (if you already receive FSM) Free School Meal (please tick if you think you may be eligible but not currently claiming) **EY/KS1 (Reception/ Y1/Y2 ONLY)***(Please tick one)* Universal Free Meals Sandwiches

If you think you may qualify to claim Free School Meals in Reception, Year 1 or Year 2 (which brings other financial benefits throughout Reception to Y6) please tick one of the boxes below:

- *Income Support*
- *Income-based Job Seekers Allowance*
- *Income-based Employment and Support Allowance*
- *Child tax credit and **no working tax credit** with a household income of less than £16,190*
- *Universal Credit The 'Guarantee' element of State Pension Credit*
- *Support under Part VI of the Immigration and Asylum Act 1999*

ETHNIC/CULTURAL

Nationality: _____ Country of Birth: _____

First/ Native Language: _____ Language spoken most at home: _____

Ethnicity:

White British	Any other mixed background	Black African	Any other ethnic group _____
White Irish	Indian	Any other black background	
Any other white background	Pakistani	Chinese	
White and black Caribbean	Bangladeshi	Gypsy/ Roma	
White and black African	Any other Asian background	Traveller of Irish heritage	
White and Asian	Black Caribbean	Refused	

Religion:

Christian	Jewish	Refused	Other religion _____
Buddhist	Muslim	Sikh	
Hindu	No Religion		

TRANSPORT TO SCHOOL*(Please tick one)* Walk Private Car Public transport Bike Taxi

Please indicate what your child's usual method of transport is, as we have to enter this information on our data system.

ST. CHAD'S C.E.(C) PRIMARY SCHOOL

MEDICAL INFORMATION AND CONSENT FORM

NAME OF CHILD: _____	Class: _____
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MEDICAL PRACTICE
 Which Doctor is your child registered with? Dr: _____

Name and address of surgery: _____

Telephone number of surgery: _____

MEDICAL INFORMATION

Does your child suffer from medical condition(s)? **Yes** **No** (please circle)
 (Please tick)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema	<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epilepsy		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Multipole Sclerosis		

Please give further details of ticked box or other medical conditions:

DISABILITY INFORMATION

Do you consider your child to have a disability? **Yes** **No** (please circle)
 A child is considered to have a disability if they have substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age. (Please tick)

<input type="checkbox"/> Mobility	<input type="checkbox"/> Communication	<input type="checkbox"/> ASD/Asperger's	
<input type="checkbox"/> Hand function	<input type="checkbox"/> Learning	<input type="checkbox"/> Medication	
<input type="checkbox"/> Personal care	<input type="checkbox"/> Hearing	<input type="checkbox"/> Consciousness eg seizures	
<input type="checkbox"/> Eating/drinking	<input type="checkbox"/> Vision		
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Behaviour		

Please give further details of ticked box or other medical conditions:

MEDICAL SUPPORT

Does your child attend any medical clinics? If yes please give details _____

Is your child on any long term medication If yes please give details _____

DIETARY NEEDS (please tick)

<input type="checkbox"/> Artificial colour allergy	<input type="checkbox"/> Kosher food only	<input type="checkbox"/> No pork	<input type="checkbox"/> Any other
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> No dairy produce	<input type="checkbox"/> Seafood allergy	
<input type="checkbox"/> Halal	<input type="checkbox"/> No nuts of any type	<input type="checkbox"/> Vegetarian	

Please be advised, only adults with parental responsibility are able to request administration of medicines at school

CONSENT

Consent is given by you by ticking in the appropriate boxes	Please tick
My child may take part in local visits within walking distance of the school to support the curriculum (eg Talke library/ The Monument/ Red Street/ Local churches). As these walks incur no cost, there will be no charge made. However, the children are all insured and appropriate risk assessments undertaken. The children will always be adequately supervised. You will always be informed by text of any of these visits prior to commencement.	<input type="checkbox"/>
My child may watch PG films/clips of films in school that are deemed suitable for showing in school	<input type="checkbox"/>
I understand and agree that any photographs or recorded videos of events at St Chad's that are taken by me are for my own personal use only and I am not permitted to share them publicly, either online or otherwise.	<input type="checkbox"/>
DATA PROTECTION STATEMENT I have read and understood how school uses the data it holds, as specified in the schools Privacy Notice- which is on the school website https://www.st-chads-newcastle.staffs.sch.uk/ or available from the school office	<input type="checkbox"/>
I agree to abide by the school's policy of not parking in 'The Gateway' when dropping off and collecting children from school at any time of the school day.	<input type="checkbox"/>
I agree to keep my contact details up to date with the school office and ensure someone is available for emergency contact by the school at all times of the school day.	<input type="checkbox"/>

PHOTOGRAPHY AND VIDEO CONSENT

The school's full policy- 'Camera and Use of Digital Images and Videos Policy' is available on the school website www.st-chads-newcastle.staffs.sch.uk which should be read before ticking consent	
	Tick for consent
Photographing and videoing my child for use in school (This includes school displays, presentations to parents, photographs taken on visits, at sports events, in church etc). This includes use of these photographs and videos in school, after the child has left the school.	<input type="checkbox"/>
Using images of my child on the school website.	<input type="checkbox"/>
Using videos of my child on the school website.	<input type="checkbox"/>
In newspapers and magazines (Please be advised when making your decision that newspapers often ask to use children's names in their articles)	<input type="checkbox"/>
Using images of my child in school marketing material eg leaflets, flyers	<input type="checkbox"/>
Sharing my child's data with a school-appointed external photography company (Tempest) for official school images. This includes the following: Name & Class	<input type="checkbox"/>

Declaration for photographs/videos

I, _____ (name of person with parental responsibility), understand:

- Why my consent is required.
- The reasons why St Chad's C.E. Primary School uses images and videos of my child.
- Which other organisations may use images and videos of my child.
- The conditions under which the school uses images and videos of my child.
- I have provided my consent above as appropriate, and the school will use images and videos of my child in line with my requirements.
- Consent is refreshed on an annual basis and I must re-provide consent if I consent to images and videos of my child being used in other academic years.
- I will be required to re-provide consent where any circumstances change.
- I can amend or withdraw my consent at any time and must do so in writing to the headteacher.

Signature _____

DECLARATION

I declare the information provided to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change to my child's circumstances or any relevant information they might need to know.

Signed: _____ **Print Name:** _____ **Dated** _____
This must be a person with parental responsibility