



# STUDENT DATA COLLECTION SHEET

Our DCSF no:	928/4013		
Previous school:			
Previous school DCSF no:			
CTF:	Requested:	Received:	
UPN no:			
Form Group:			

The Academy and the Local Education Authority are required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes.

STUDENT DETAILS				Date of Admission:					
Legal Surname of child:				Preferred surname:					
Legal Forename of child:				Preferred forename:					
Middle name				Gender: (M/F)		Date of birth:			
Has a Statement of Special Educational Needs been issued in respect of this student?							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this student in the care of the Local Authority?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, which Authority?				
Parent/Guardian 1 :				Parent/Guardian 2 :					
Title:		Name:		Title:		Name:			
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 separated/divorced, has a court order been issued?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	If parents separated/divorced, does the parent who does not live at the same address as the student require correspondence?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address Details				Address Details					
Address:				Address:					
Postcode				Postcode					
Home Telephone:				Home Telephone:					
Mobile:				Mobile:					
Work:				Work:					
Email:				Email:					
Please tick the box if the student lives at this address				<input type="checkbox"/>	Please tick the box if the student lives at this address				<input type="checkbox"/>

Emergency Contact Details				
Please list below all Parents and Contacts - use the first column (priority number) to show in which order people should be contacted in the case of an emergency. <b>These contacts are very important to us.</b> If your child becomes ill during the day we need to be able to notify 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.
		Parent 1		
		Parent 2		
				1.
				2.
				1.
				2.
				1.
				2.

## Medical Details

Doctor's Name and Surgery:		Doctor's Telephone No:
Any medical conditions of student:		
Any dietary needs of student:		
Name and Address of Previous School (if applicable)		Telephone number of previous school:

Position of child in family (Please circle)	1	2	3	4	5
Other children in the family:					
Name:		DOB:		School:	
Name:		DOB:		School:	
Name:		DOB:		School:	

### The following 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. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools. Please tick the appropriate boxes.

<p style="text-align: center; font-weight: bold; font-size: small;">Ethnic Origin of Child</p> <p><input type="checkbox"/> <b>White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> British Irish</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Any other White background</p> <p><input type="checkbox"/> <b>Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p><input type="checkbox"/> <b>Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> Other Black African</p> <p><input type="checkbox"/> <b>Mixed /Dual background</b></p> <p><input type="checkbox"/> White/Black Caribbean</p> <p><input type="checkbox"/> White/Black African</p> <p><input type="checkbox"/> <b>White/Asian</b></p> <p><input type="checkbox"/> Any other Mixed background</p> <p><input type="checkbox"/> Any other Black background</p> <p><input type="checkbox"/> Other Ethnic group</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> I do not wish an ethnic background category to be recorded</p> <p style="font-size: x-small;">The information in this section was provided by: Parent <input type="checkbox"/> Student <input type="checkbox"/></p>	<p style="text-align: center; font-weight: bold; font-size: small;">Language normally spoken in the student's home</p> <p><input type="checkbox"/> Albanian/Shqip</p> <p><input type="checkbox"/> Arabic</p> <p><input type="checkbox"/> Bengali (Any Other)</p> <p><input type="checkbox"/> Bengali (Sylheti)</p> <p><input type="checkbox"/> Chinese (Any Other)</p> <p><input type="checkbox"/> Chinese (Cantonese)</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Kikuyu/Gikuyu</p> <p><input type="checkbox"/> Greek</p> <p><input type="checkbox"/> Gujarati</p> <p><input type="checkbox"/> Hindi</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Lithuanian</p> <p><input type="checkbox"/> Latvian</p> <p><input type="checkbox"/> Malayalam</p> <p><input type="checkbox"/> Panjabi</p> <p><input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Serbian/Croatian/Bosnian</p> <p><input type="checkbox"/> Shona</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Swahili/Kiswahili</p> <p><input type="checkbox"/> Tagalog/Filipino</p> <p><input type="checkbox"/> Thai</p> <p><input type="checkbox"/> Turkish</p> <p><input type="checkbox"/> Urdu</p> <p><input type="checkbox"/> Yoruba</p> <p><input type="checkbox"/> Information not obtained</p> <p><input type="checkbox"/> Other Language (Please specify)</p> <p><input type="checkbox"/> Classification Pending</p>	<p style="text-align: center; font-weight: bold; font-size: small;">Student's Usual Mode of Transport to School</p> <p><input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Cycle</p> <p><input type="checkbox"/> Car/Van</p> <p><input type="checkbox"/> Car Share</p> <p><input type="checkbox"/> Public service bus</p> <p><input type="checkbox"/> Dedicated School bus</p> <p><input type="checkbox"/> Bus (type not known)</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Train</p> <p><input type="checkbox"/> London Underground</p> <p><input type="checkbox"/> Metro/Tram/Light Rail</p> <p><input type="checkbox"/> Other</p> <p style="text-align: center; font-weight: bold; font-size: small;">Religion of student</p> <p><input type="checkbox"/> Anglican</p> <p><input type="checkbox"/> Baptist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Methodist</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Unclassified</p> <p><input type="checkbox"/> United Reform Church</p>
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By signing this form, I give permission for the student named overleaf to take part in any sporting activity that involves travel by coach or minibus, and in the event of a dire emergency I give my permission for any authorised medical treatment advised by a professional to take place.

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

Name (in block capitals): \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to student: \_\_\_\_\_