

BASIC INFORMATION ABOUT THE PUPIL

Surname		Legal Surname	
Forename		Middle Name	
Preferred Forename		Gender	
Date of Birth		Form	
Address			
		Post Code	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish us to contact them in an emergency. We will be unable to contact anyone who is not listed below.

Please tick to indicate those people who live at the same address as the child.

<input type="checkbox"/>	Priority	Name	Relationship	Mobile Contact No	Home Contact No	Alt Contact No
	1.					
	2.					
	3.					
	4.					

TRAVEL ARRANGEMENTS – how will your child travel to school on a regular basis? (please tick)

Bicycle Train Car/Van Walk Taxi School Bus Public Transport
 Car Share Other

DIETARY REQUIREMENTS & MEAL ARRANGEMENTS – what arrangements are in place for lunchtime? (please tick)

Free School Meals Paid School Meals Packed Lunch Home

MEDICAL PRACTICE

Name of Doctor & Medical Practice _____

Address _____

Telephone Number _____

Does your child have a medical condition Yes No

Medical Condition: Yes No If YES please complete a Medical Information Sheet

SPECIAL DETAIL (please note overleaf about completing this section)

Ethnicity		First Language	
Nationality		Home Language	
Country of Birth		Religion	
Proficiency in English, if English not first language (please indicate)		New to English / Developing Competence / Competent / Fluent	
Parent/Parents in the Armed Forces	Yes <input type="checkbox"/>		

General Data Protection Regulations 2016 – The Academy is registered with the Information Commissioner and compliant with the GDPR and Data Protection Act 2018. The Academy has a duty to protect your information and keep it up to date, it is therefore essential YOU keep us informed of any changes to the information you have supplied. We are required to share some data with third parties and information about whom and why we share this data can be found on the Academy's Privacy Notice available from the school's website: www.croftonacademy.org.uk

SIGNATURE		DATE:	
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THIS FORM CONTINUES OVERLEAF



Y7 DATA COLLECTION & CONSENT SHEET 2020

We require your permission for the following in order that your child gets the best care during their time with us. This consent should be given or withheld by a parent/carer.

PARACETAMOL:

I consent to the administering of paracetamol to my child, as and when they may require it

PARENTMAIL: Please note that we can only add two contacts to Parentmail and these **have to be** those people who have parental responsibility for your child.

Main Contact Name:

Email Address*: _____

Mobile No: _____

Second Contact name

Email Address*: _____

Mobile No: _____

* Please use 'Ø' for a zero in your email address, to help us identify this from the letter O.
Only those people with parental responsibility can be listed here

BIOMETRICS:

I give consent to the use of my child's biometric fingerprint being used for the purpose of purchasing a school meal.

USE OF IMAGES/VOICE RECORDINGS:

I give consent to the use of images of my child being used in school publications and on the school website.

I give consent to the use of images of my child being used on the school Twitter and Facebook feeds.

I give consent to Tempest, taking my child's photo as a record of their time at Crofton.

I give consent to my child being involved in supervised voice recordings to be used for promotion materials.

NAME OF PARENT/CARER	
SIGNATURE	
DATE	