Student Data Collection Sheet

The information given below will be maintained on the Academy's electronic database which is subject to strict control under the General Data Protection Regulation 2016 (GDPR). Please ensure that the Academy is informed of any **changes** in the student's circumstances, so that our information is accurate.

1.0 Student Details	
Legal Forename:	Legal Surname:
Middle Name(s):	
Preferred Forename:	Preferred Surname:
Date of Birth:	Gender: Male/Female
Year Group:	Previous School/Country:

2.0 Siblings Already on Roll at Nene Park Academy *(include step/half brothers and sisters)*

Surname	Forename	Relationship	Year Group	At Same Address?
				Yes / No
				Yes / No
				Yes / No

3.0 Student Address	
House Number/Name:	Street:
Town/City:	Postcode:
Home Phone Number:	

4.0 Family/Home Information

Please provide details of all persons with parental responsibility for the student and anyone else you wish to be contacted in an emergency, listed in preferred contact order. If Parent/Carer addresses are different to that of the student, please indicate if there is any legal reason* why correspondence should **not** be sent to both addresses:

Consent Type	Tick (√)
There is a legal reason* why school should not send to both addresses.	
School may send Parent/Carer correspondence to both addresses.	

*If the student is subject to any Court Orders please specify the Court Order Terms below. This information will remain confidential. A copy of any Court Orders must be provided.

Court Order Terms: ……(please attach a copy of the Court Order)

***Contact 1* – PARENTAL RESPONSIBILITY: YES ☐ NO ☐** (please tick √ as appropriate)

Email Address (if Parent/Carer): by providing an email address you will receive relevant school correspondence.

Title:	Forename:	Surname:

House Number/Name:	Street:

Town/City:	Postcode:

Relationship with Student	Tick (√)	Relationship with Student	Tick (√)	Relationship with Student	Tick (√)	Relationship with Student	Tick (√)
Mother		Other Family Member		Childminder		Carer	
Father		Social Worker		Foster Parent		Other Contact	
Step-Parent		Religious/ Spiritual Contact		Doctor			

Home Phone:	Mobile Phone:	Work Phone:

***Contact 2* – PARENTAL RESPONSIBILITY: YES ☐ NO ☐** (please tick √ as appropriate)

Email Address (if Parent/Carer): by providing an email address you will receive relevant school correspondence.

Title:	Forename:	Surname:

House Number/Name:.	Street:
Town/City:	Postcode:

Relationship with Student	Tick (√)	Relationship with Student	Tick (√)	Relationship with Student	Tick (√)	Relationship with Student	Tick (√)
Mother		Other Family Member		Childminder		Carer	
Father		Social Worker		Foster Parent		Other Contact	
Step-Parent		Religious/ Spiritual Contact		Doctor			

Home Phone:	Mobile Phone:	Work Phone:

***Contact 3* – PARENTAL RESPONSIBILITY: YES ☐ NO ☐** (please tick √ as appropriate)

Email Address (if Parent/Carer): by providing an email address you will receive relevant school correspondence.

Title:	Forename:	Surname:

House Number/Name:	Street:
Town/City:	Postcode:

Relationship with Student	Tick (√)	Relationship with Student	Tick (√)	Relationship with Student	Tick (√)	Relationship with Student	Tick (√)
Mother		Other Family Member		Childminder		Carer	
Father		Social Worker		Foster Parent		Other Contact	
Step-Parent		Religious/ Spiritual Contact		Doctor			

Home Phone:	Mobile Phone:	Work Phone:

***Contact 4* – PARENTAL RESPONSIBILITY: YES ☐ NO ☐** (please tick √ as appropriate)		
Email Address (if Parent/Carer): by providing an email address you will receive relevant school correspondence.		
Title:	Forename:	Surname:
House Number/Name:	Street:	
Town/City:	Postcode:	

Relationship with Student	**Tick (√)**	**Relationship with Student**	**Tick (√)**	**Relationship with Student**	**Tick (√)**	**Relationship with Student**	**Tick (√)**
Mother		Other Family Member		Childminder		Carer	
Father		Social Worker		Foster Parent		Other Contact	
Step-Parent		Religious/ Spiritual Contact		Doctor			

Home Phone:	Mobile Phone:	Work Phone:

If you wish to include further additional contacts please use a separate sheet of paper.	
Has the student been adopted from care or left care?	Yes/No
If yes, was this under a Special Guardianship Order on or after 30 December 2005?	Yes/No
If yes, has the student left care under a Residence order on or after 14 October 1991?	Yes/No

5.0 Medical Information

Name and address of Doctor's Surgery:

Medical information/allergies/conditions (include any dietary requirements which we need to know about):

Medicines required to be kept in Academy:

6.0 Ethnic and Religious Information

The Academy is required by law to provide this information to the Dept. for Children, Schools and Families. **Tick (√) one box only.**

African Asian		Gypsy / Roma		Traveller of Irish Heritage	
Any Other Black Background		Indian		White - British	
Any Other Ethnic Group		Information Not Yet Obtained		White - Irish	
Any Other Mixed Background		Italian		White and Asian	
Bangladeshi		Other Asian		White and Black African	
Black - African		Pakistani		White and Black Caribbean	
Black Caribbean		Portuguese		White European	
Chinese		Refused		White Other	

First/Main Language: English ☐ Other (please specify): ☐ _____ Refused ☐

Language spoken at home: English ☐ Other (please specify): ☐ _____ Refused ☐

Other languages spoken:

Parent who speaks English (if English not language spoken at home):

Translator needed for contacting parent: Yes/No Language required:

Nationality: _____ Refused ☐ | Country of Birth: _____ Refused ☐

If **NOT** a British Citizen, please provide the date that the student arrived in the UK: DD/MM/YYYY

Religion: Please note - if left blank 'No Religion' will be entered.

Description	Tick (√)	Description	Tick (√)	Description	Tick (√)	Description	Tick (√)
Buddhist		Jehova's Witness		No Religion		Spiritism	
Christian		Jewish		Other Religion		Refused	
Hindu		Muslim		Sikh			

7.0 Armed Forces

The Academy is required to indicate whether a student has a parent/carer currently serving in the armed forces. Please indicate if your child is a 'Service in Education' student by ticking one of the following boxes.

Service in Education: YES ☐ NO ☐ REFUSED ☐

8.0 Lunch & Travel Arrangments

Lunchtime arrangements: please tick (√) one option only. This should be the most frequently used:

Option	Tick (√)	Option	Tick (√)	Option	Tick (√)
Sandwiches		Paid School Meal		Free School Meal*	

* If Free School Meal, please ensure that you have completed a Free School Meals form (available upon request).

Travel: please tick (√) one option only. This should be the most frequently used:

Transport	Tick (√)	Transport	Tick (√)
Car/Van		Public Bus Service	
Car Share with child/children		Taxi	
Cycle		Train	
Other		Walk	

9.0 Use of Images Consent

From time to time we may take photographs/video recordings of students and use these for display or publicity purposes, including newspapers, Twitter etc. Please indicate your permission for photos/recordings of your child being taken, stored and used for display and/or publicity. This consent is valid from the date you sign this form until your child leaves our school. If you wish to withdraw your consent at any time please notify the Academy in writing.

Please tick the relevant box for the use of your child's images. If you DO NOT tick either box we will assume that you are not providing any consent.

Permission	Tick (√)
YES	
NO	

10.0 Education Visits / PE Fixtures Consent

Nene Park Academy requires consent from parents/carers to allow their son/daughter to participate in the above. Please indicate your preferences below. You may ask to see a copy of the insurance cover provided in order that you appreciate the extent and limitations of the policy.

This consent is valid from the date you sign this form until your child leaves school. If you wish to withdraw your consent at any time please notify the Academy in writing. If you DO NOT tick we will assume that you are not providing any consent.

Consent Type	Tick (√)
Participation in PE fixtures and educational visits during and after school within a 20 mile radius of Nene Park Academy.	

11.0 Medical Consent

This consent is valid from the date you sign this form until your child leaves school. If you wish to withdraw your consent at any time please notify the Academy in writing. If you DO NOT tick either box we will assume that you are not providing any consent.

Consent Type	Tick (√)
I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.	
I agree to my child receiving a blood transfusion if considered necessary by the medical authorities present.	

12.0 Signature of Parent/Carer

I confirm that all of the details above are correct and accurate to the best of my knowledge. I also undertake to inform the Academy as soon as possible of any changes to any of the above details.

Parent/Carer signature: …….. Date: …….