



11 January 2018

Dear Parents/Carers

Some of you may be aware that there are changes planned that will affect how schools control and manage personal data. General Data Protection Regulations (GDPR) will start in May 2018. In preparation for these changes we would like all parents to complete and return the attached data sheet.

The information will be used to check and update our computerised records. **Please complete a Pupil Data sheet which is available on the website or at the school office and return it to the main School Office by Friday 26th January 2018.**

All information will be treated in the strictest confidence along guidelines set out in the Data Protection Act. We will be sending out further checks and requests for consent due to GDPR over the coming months.

Important information

As previously notified we are now be sending the majority of letters home via email and making greater use of texting services. It is therefore important that you provide us with a current primary email address and mobile number.

Thank you for your support.

Yours sincerely

Mrs L Thompson
Office Manager/PA to Headteacher



SHEVINGTON HIGH SCHOOL

Headteacher: Mr J Grant
Shevington Lane, Shevington, Wigan WN6 8AB
Tel: 01257 400990

Website: www.shevingtonhigh.org.uk Email: enquiries@shevingtonhigh.org.uk



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National Support School
designated by



National College for
Teaching & Leadership

Year Group Form

Student's Surname:

Male / Female

Forename/s (please underline the one by which the student is known)
birth

Date of

 / /

The Student's Main Residential Address:

Postcode:

Telephone:

The information which you enter on this form is required for the efficient organisation of the school and the children's educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act 1998. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where a law or an emergency necessitates a disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, you should notify the school in writing or ask for another of these forms.

Name of Parents/Carers with whom student lives with at the student's main residential address:

1. Name (Mr/Mrs/Miss/Ms): _____ 2. Name Mr/Mrs/Miss/Ms): _____

Relationship to student: _____ Relationship to student: _____

Legal Parental Responsibility: YES / NO

Legal Parental Responsibility: YES / NO

Signature: _____ Signature: _____

Date: / / Date: / /

Email Address (Parent/Carer 1) _____

(Parent/Carer 2) _____

Emergency contact numbers: Please indicate below who you would like us to contact if your child is ill in the school or in the event of an emergency. (This should be someone who is able to collect your child). E.g. 1. Mother, 2. Father, 3. Relative or Neighbour.

****Please Note: The mobile phone number of contact 1 below is the number we will use for our text alert system.***

1. Name: _____ Relationship to student: _____

Home Tel: _____ *Mobile Tel: _____ Work Tel: _____

2. Name: _____ Relationship to student: _____

Home Tel: _____ Mobile Tel: _____ Work Tel: _____

3. Name: _____ Relationship to student: _____

Home Tel: _____ Mobile Tel: _____ Work Tel: _____

Siblings: Please indicate below if there are any brothers/sisters at Shevington High School.
Name(s) **Form**

<u>Any medical conditions/information:</u> <u>Doctor's Name:</u> <u>Surgery:</u> <u>Tel:</u>	<u>Last school attended and telephone number:</u>
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STUDENT ABSENCE - IMPORTANT

In order to keep our absence monitoring system at its very best, it is necessary for you to keep the reception informed of any absence or lateness which involves your child. **IT IS THE SCHOOL POLICY THAT YOU SHOULD CONTACT RECEPTION BEFORE 9.00 AM ON THE FIRST DAY OF YOUR CHILD'S ABSENCE.** Any absences that have not been notified to reception will be marked in the register as **unauthorised** and may be passed on to the ESW (Education Social Worker) for further investigation. Please sign below to indicate that you are aware of this procedure.

Signed: (Parent/Guardian) **Date:**

For your child's safety and well-being we need to seek your permission for him/her to participate in certain activities. Please could you <u>SIGN</u> in the relevant box to indicate your wishes.	PLEASE SIGN	
	Permission Granted	Permission Not Granted
For first aid to be administered or ambulance called, if necessary.		
For my child to travel in the school minibus. The minibus is fitted with seatbelts and these must be worn.		
For my child to take part in school trips and other activities that take place off school premises.		
For my child's image or photograph to be used for school publicity. E.g. the school website, newsletters, videos.		
For data to be shared with the Careers Service team.		

In the event of an unforeseen closure of the school all students will be sent home after a text message has been sent by us notifying you of the closure (please complete the mobile number for contact 1 on the reverse of this form). Students will only be kept on site to be collected if you request us to do so in writing.



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Is the student a looked after child (e.g. fostered)? Yes ☐ No ☐

Is the student a post looked after child (i.e. adopted)? Yes ☐ No ☐

Usual Type of Meal Taken in the school at Lunch time: School Meal ☐ Packed Lunch ☐

Usual Mode of Travel to the school (please indicate): Bus ☐ Walk ☐ Bicycle ☐ Taxi ☐
Car ☐

HM Forces:

Is there a parent of the student serving in HM Forces currently/has done in the past six years or receiving a Forces Pension? Yes ☐ No ☐

Student's Ethnic Origin Data (Please tick one of the following):

White - British <input type="checkbox"/>	White & Black – Caribbean <input type="checkbox"/>	Any other White background <input type="checkbox"/>
White – Irish <input type="checkbox"/>	White & Black – African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
White - Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
Black – Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
Black – African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Black – Other <input type="checkbox"/>	Chinese <input type="checkbox"/>	

Student's Main Language Spoken at Home:

.....

Student's First Language During Early Years:

.....

Student's Religious Affiliation (Please tick one of the following):

Christian ☐ Muslim ☐ Jehovah's Witness ☐ Sikh ☐ Jewish ☐
Buddhist ☐ Other ☐ Unclassified ☐ Islam ☐ No Religion ☐

Optional

Student's Country of

Birth:.....

Student's Nationality (as stated on

passport):.....

Name of Parents/Carers not living at the home address who have a right to receive information about the pupil (reports, parents evening dates etc.):

1. Name (Mr/Mrs/Miss/Ms): _____	2. Name Mr/Mrs/Miss/Ms): _____
Relationship to student: _____	Relationship to student: _____
Legal Parental Responsibility: YES / NO	Legal Parental Responsibility: YES / NO
Signature: _____	Signature: _____
Date: / /	Date: / /
Email Address (Parent/Carer 1) _____ (Parent/Carer 2) _____	



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