



Shevington High School

2020 Data Collection Booklet

Student Name: _____

Previous School _____

Pupil Information

Legal surname: _____ Legal forename: _____

Preferred surname: _____ Preferred forename: _____

Home address including postcode: _____

Postcode: _____

Home telephone number: _____

Contact Information

Name of parents/carers with whom student lives with at the students main residential address:

Contact 1

Name: (Mr/Mrs/Miss/Ms) _____

Relationship to student: _____

Legal parental responsibility: Yes No

Signature: _____

Email address: _____

Main contact number: _____

Contact 2

Name: (Mr/Mrs/Miss/Ms) _____

Relationship to student: _____

Legal parental responsibility: Yes No

Signature: _____

Email address: _____

Main contact number: _____

Additional contacts:

Name: (Mr/Mrs/Miss/Ms) _____

Relationship to student: _____

Contact number: _____

Name: (Mr/Mrs/Miss/Ms) _____

Relationship to student: _____

Contact number: _____

Additional information

Is the student a looked after child (e.g. fostered?)

Yes

No

Is the student a post looked after child (e.g. adopted?)

Yes

No

The above questions are optional, you do not have to advise school of this information.

Usual type of meal taken at lunch time:

School meal

Packed lunch

Is your child entitled to a Free School Meal?

Yes

No

Usual mode of transport to school:

Bus

Walk

Cycle

Taxi

Car

Is anyone with legal responsibility for the student currently serving in the HM forces or has done so in the last 6 years or receiving a force pension?

Yes

No

Students Ethnicity

White British

White & Black Caribbean

Any other White background

White Irish

White & Black African

Any other Black background

White Other

White & Asian

Any other Asian background

Black Caribbean

Indian

Any other Mixed background

Black African

Pakistani

Any other ethnic group

Black Other

Chinese

Prefer not to disclose

Student's main language spoken at home

Permissions

School trips and visits declaration

I have read the guidance on the permissions for school trips and I give permission for my child to attend any standard trips without school having to gain any further consent.

Yes

No

I understand that for any residential visits or trips involving adventurous activity I will be expected to complete a separate consent form specific to that trip.

Yes

No

I understand that the information I have given on this data collection form will now be used for all standard school trips.

Yes

No

I understand that it is my responsibility to inform school of any changes to the data that I have provided.

Yes

No

I give permission for my child to travel to and from school trips/activities in the school minibus.

Yes

No

Parental Signature

Print

Permissions continued.....

Biometric cashless catering system

Please refer to the Data Collection Guidance Booklet and complete this form if you consent to the school taking and using information from your child's fingerprint as part of a biometric recognition system.

I give permission for information from my child's fingerprint to be taken and used by Shevington High School as part the school's automated biometric recognition system for cashless catering. I understand that I may withdraw consent at any time in writing. Yes No

I do not give permission for information from my child's fingerprint to be taken and used by Shevington High School as part the school's automated biometric recognition system for cashless catering. Please issue my child with a PIN to access the system. Yes No

Parental Signature _____

Print _____

School photography and use of images

Please refer to the Data Collection Guidance Booklet and complete this form if you consent to the school using your child's images for the areas outlined below.

Consent to using your child's images will last throughout your child's time at the school and will continue to apply for a short time after they leave (except for images published for historical purposes which may be kept for an extended period of time to show the history of the school).

You can withdraw your consent at any time and can do so by writing to the Data Officer asking them to stop using your child's images. At that point they will not be used in future publications but we cannot prevent them from continuing to appear in publications already in circulation

I **AGREE** to images of my child being used on the schools website, social media channels, newsletters, promotional material and on display in and around the school building. Yes No

I **DISAGREE** to images of my child being used on the schools website, social media channels, newsletters, promotional material and on display in and around the school building. Yes No

Parental Signature _____

Print _____

Additional Permissions

Do you give permission for your child to be involved in Sex Education classes? Yes No

Do you consent to us sharing your childs data with external organisations i.e.. Exam Boards? Yes No

Do you consent to us administering First Aid to your child or calling an ambulance, if needed? Yes No

Parental Signature _____

Print _____

Medical Notes / Health Care Plan

Only complete if your child has a medical condition

Doctors name: _____ Surgery name: _____

Surgery address: _____

Postcode: _____ Telephone No: _____

Please detail any conditions below

Medical Condition(s): _____

Allergies: _____

Care needs (if an Independent Health Care Plan exists please provide school with a copy)

Emergency procedure if applicable: _____

How does the medical condition impact on the childs school day?

Condition	Impact	Medical procedure

Other information: e.g. triggers, side effects... _____

Medication

Condition	Drug/Medicine	Dosage	When?/How?	Storage instructions

Possible side effects of medication? _____

Permission for staff to administer medication? _____ Parent/carer name: _____

Signed: _____ Date: _____

Specialist nurse/teacher

Name: _____ Relationship: _____

Work phone number: _____ Mobile phone number: _____

Email: _____

Additional Documents

Are there any additional documents attached? Yes No

If so, what? Please list: _____

It is the responsibility of the parent/carer to update the school of any changes to the above in writing. You can also update any details directly via the Parent App.

I agree that the information supplied is correct.

Parent/carer name: _____ Date: _____

Signed: _____

Office use only

Sims updated

Initials

Date

CTF Requested

Initials

Date
