



Shevington High School

Data Collection Booklet

Student Name: _____

Previous School _____

Pupil Information

Legal surname: _____ Legal forename: _____

Preferred surname: _____ Preferred forename: _____

Date Of Birth: _____

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 (Local Authority involvement) Yes No

Is the student a post looked after child (e.g. adopted from care?) Yes No

Answers to the above question are optional.

Is your child entitled to a Free School Meal? Yes No

Please see additional information and forms to complete on page 6 - 8

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	<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"/>	Prefer not to disclose	<input type="checkbox"/>

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

In the event you select no to the above question your child will be issued with a pin number.

Parental Signature _____

Print _____

Internet Policy

Please confirm you have discussed and understood the ICT acceptable policy with your child. See Page 5

Yes No

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

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 child's 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 child's 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: _____

ICT Policy

I will only use my own username or password to log on to the service.

I will keep my username and password secret.

I will not give personal details (like my home address or mobile phone number), or the personal details of any other person, to anyone by using the network.

I will only download, use or upload material when I have been given the owner's permission.

I will only view, download, store, distribute or upload material that is lawful, and appropriate for other users. If I am not sure about this, or come across any potentially offensive materials, I will inform the school's ICT support team.

I will always respect the privacy of other Users.

I will avoid any acts of vandalism on or to the Service. This includes, but is not limited to, uploading or creating computer viruses and mischievously deleting or altering data from its place of storage.

I will be polite and appreciate that other Users might have different views to my own. I understand that the use of strong language, swearing or aggressive behaviour is not permitted.

I will use the discussion forums for exchanging information and constructive debate only.

I will report any incident that breaches this Acceptable Use Policy immediately to the school's ICT support Team.

I will only use the tools provided by the School for the purpose for which they are intended. In particular I will not use them to gain the logon details for other users or for creating defamatory material.

Student Signature _____

Date _____

Sims updated	<input type="checkbox"/>	Initials	_____	Date	_____
CTF Requested	<input type="checkbox"/>	Initials	_____	Date	_____

Free School Meals

Dear Parent/Guardian

We want to make sure we are providing your child with the best education and support we can. Healthy school food has obvious health benefits and can help pupils establish healthy habits for life. Healthy school food can also help improve pupils' readiness to learn.

Families who receive certain benefits may be eligible for free school meals. Your child is eligible for Free school meals if you are in receipt of one of the following benefits:

- Universal Credit with an annual net earned income of no more than £7,400
- Income support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part 6 of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Working tax Credit run-on (paid for the four weeks after you stop qualifying for Working tax Credit)
- Child Tax Credit (with no Working tax Credit) with the annual income of no more than £16,190

Registering for free meals could also raise an extra £955 for your child's secondary school, to fund valuable support like extra tuition, additional teaching staff or after school activities.

The additional money is available from central government for every child whose parent is receiving one of the benefits listed above.

To check if your child is eligible, we need information about you and your child. Please complete this form and return to your child's school.

Application for Free School Meal Eligibility and Pupil Premium



This form will allow the Local Authority to check and then subsequently advise your child's school if they are eligible to receive a free school meal. This is so that the school can claim for the pupil premium funding.

Important: If you do not wish to claim a free school meal we will still share the eligibility status with your school to enable them to claim the pupil premium funding. This may be the case for children in Reception, Year 1 and Year 2 who are entitled to universal free school meals.

Universal Credits: If you are currently receiving Universal Credits please take into school the letter of confirmation in addition to completing the form below. All parents in receipt of Universal Credits are entitled to claim free school meals for their children in the interim. The DWP and DfE intend on publishing a threshold of income in the future and so your entitlement to free school meals may change once this is published.

Please complete the details below in full and return to your child's school.

Part 1

Parent 1									
National Insurance Number									
National Asylum Support Service Number									
Surname (Block Capitals)									
Forename (Block Capitals)									
Date of Birth (DD/MM/YYYY)									

Parent 1									
National Insurance Number									
National Asylum Support Service Number									
Surname (Block Capitals)									
Forename (Block Capitals)									
Date of Birth (DD/MM/YYYY)									

If you are entitled, do you wish to claim a free school meal for your child(ren)? Yes / No

Signature: _____

Date: _____

How we will use your data

- The Local Authority will use the information above to carry out a check that will be used to determine whether your children are currently eligible for Free School Meals/Pupil Premium
- Please note that this check does not affect any benefits you may be receiving and does not inform the school or the Local Authority of any details of these benefits
- The information will be stored securely and will only be accessed by those responsible for undertaking this check
- The information will be retained until the children listed have left education in Wigan LA with the purpose of carrying out both an initial check and subsequent re-checks during this time
- If your circumstances or details change it is important that you notify the school immediately as a re-check will be necessary and if this results in your child no longer being eligible for a free school meal, you will be informed by the school
- If your circumstances or details change and you feel your child may now be eligible for free school meals again, please reapply using this form
- If you wish to find out more on what the Local Authority does with your data please refer to our Privacy Notice on our website at: www.wigan.gov.uk

Part 2

Child(ren)'s details (please use block capitals)

Forename		Surname	
Date of Birth			
UPN (the school will complete this)			

Forename		Surname	
Date of Birth			
UPN (the school will complete this)			

Forename		Surname	
Date of Birth			
UPN (the school will complete this)			

Forename		Surname	
Date of Birth			
UPN (the school will complete this)			

Part 3

to be complete by the school

School Name			
School DFE Number			