



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 Data protection Act.

Please ensure that the Academy is informed of any changes in the student's circumstances so that we may keep our information up to date and accurate.

Student details			
Legal Forename:	Legal Surname:		
Preferred Forename:	Preferred Surname:		
Date of Birth:	Gender: Male/Female		
Previous Academy/School/Country:	Year Group:		
Student address			
House Number/Name:	Street:		
Town / City:	Postcode		
Home Phone Number:			
Brothers and sisters at SWA <i>(including step/half brothers and sisters)</i>			
Surname	Forename	Relationship	At same address?
			Yes/No
			Yes/No

Family / Home

Please give details below of all persons with parental responsibility for the student and anyone else you wish to be contacted in an emergency, listed in contact order.

If **Parent / Carer** addresses are different to that of the student please indicate whether there is any reason why Student's Reports, Letters etc should not be sent to both addresses: **YES / NO**

Please indicate if you wish for Student's Reports, Letters etc to also be sent to another address than that of the student: **YES / NO**
(If yes, please indicate what other person/address.)

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 should be provided.

Contact 1 – PARENTAL RESPONSIBILITY: YES / NO

Title: Forename: Surname:

House number / name: Street:

Town / City: Postcode:

Relationship Mother Father Step parent Foster parent Sibling
 Legal Guardian Grandparent Aunt/Uncle Social Worker Other

Please list all telephone numbers and tick one as the main daytime number to be used in an emergency

Landline: Main Email Address:

NO landline available

Mobile: Main

Work: Main

Contact 2 – PARENTAL RESPONSIBILITY: YES / NO

Title: Forename: Surname:

House number / name: Street:

Town / city: Postcode:

Relationship Mother Father Step parent Foster parent Sibling
 Legal Guardian Grandparent Aunt/Uncle Social Worker Other

Please list all telephone numbers and tick one as the main daytime number to be used in an emergency

Landline: Main Email Address:

NO landline available

Mobile: Main

Work: Main

Contact 3 – PARENTAL RESPONSIBILITY: YES / NO

Title: Forename: Surname:

House number / name: Street:

Town / City: Postcode:

Relationship Mother Father Step parent Foster parent Sibling
 Legal Guardian Grandparent Aunt/Uncle Social Worker Other

Please list all telephone numbers and tick one as the main daytime number to be used in an emergency

Landline: Main Email Address:

NO landline available

Mobile:..... Main

Work:..... Main

Is your son/daughter a Service Child

Has the student been adopted from care or left care?

If yes, was this under a Special Guardianship Order on or after 30 December 2005?

If yes, has the student left care under a Residence order on or after 14 October 1991?

Is the student a Looked After Child?

Medical Information

Name and address of Doctor's surgery:

Medical information/conditions which you feel we may need to know:

Medicines required to be kept in Academy:

Special dietary requirements, e.g., nut allergy, Halal

Ethnic information

The Academy is required by law to provide this information for the Department for Children, Schools and Families.

Tick one box only.

African Asian		Chinese		White - Cornish	
Bangladeshi		Any other mixed background		White European other	
Indian		White and Asian		White – Irish	
Other Asian		White and black African		Traveller	
Pakistani		White and black Caribbean		Italian	
Black - African		Any other ethnic group		Other White	
Black Caribbean		Refused		Portuguese	
Any other Black background		White - British		Gypsy/Gypsy Roma	

Main language spoken at home: English Other (please specify):

Any other additional languages spoken at home

COUNTRY OF BIRTH:

NATIONALITY:

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

Passport: Date of Issue: Country of Origin:

Birth Certificate (original required)

If NOT a British Citizen, please provide the date that the student arrived in the UK:

Are any of the student's parents NOT a British Citizen, if yes, state whom:

Religion: **(Please note if left blank non-religious will be entered)**

Additional Information

Lunchtime arrangements: please only choose one option and this should be the most frequently used

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 only choose one option and this should be the most frequently used

Car/Van Car share School bus Public transport Walks

Use of images consent

To comply with the Data Protection Act 1998 we need your consent before taking photographs or making video recordings of your child for promotional purposes. Please note that this permission will be deemed to last **until the end of Year 11 or until your child leaves the Academy**. If you wish to withdraw your consent at any time please notify the Academy in writing.

- I agree that my child's photograph can be used in Academy promotional publications or on display boards. **YES / NO**
- I agree that my child's image can appear on the Academy website. **YES / NO**
- I agree that my child's image can be used in video recordings both for Academy use and for teacher training purposes. **YES / NO**
- I agree that my child's image can appear in local or national press and media. **YES / NO**

Conditions of use

- We will not use the personal details or full names (i.e., first name and surname) of any child or adult appearing in a photographic image or video, on our website, in our prospectus or in any other printed material without good cause. For example we might, however, name in full a student who has won an award.
- If we name a student in the text we will not include a photo of that student without good cause.
- We will not include personal e-mail or postal addresses, telephone or fax numbers in our Academy prospectus or website.
- We may include pictures of students and teachers drawn or painted by students.
- We may use group photographs or footage with general text, e.g., "a science lesson", "preparations for the show".
- We will use only images of students who are suitably dressed to reduce the risk of such images being used inappropriately.

Please note that the press are exempt from the Data Protection Act and may want to include the names and personal details of children and adults in the media.

Use of Student Information/contacts

Please indicate if you give permission for your child's personal information and contact details to be passed to Youth Services, (Careers, formally Connexions).

YES / NO

Education Visits/PE fixtures consent

As part of our students' curriculum and extracurricular activities, which includes PE fixtures, the school requires consent from parents to allow their son / daughter to participate. Please indicate your consent/refusal to consent, below. Please note that this permission will be deemed to last **until the end of Year 11 or until your child leaves the school**. If you wish to withdraw your consent at any time please notify the school in writing.

- I agree to my child participating in PE fixtures during and after school within a 20 mile radius of Stamford Welland Academy. **YES / NO**
- I agree to my child taking part in visits during the school day within a 20 mile radius of Stamford Welland Academy. **YES / NO**
- I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. **YES / NO**
- I agree to always provide the school with the most up-to-date emergency contact/medical information in case this is needed during these activities. **YES / NO**
- 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. **YES / NO**
- I agree to my child receiving a blood transfusion if considered necessary by the medical authorities present. **YES / NO**
- I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy. **YES / NO**

Where a visit includes water based activities, parents will be consulted as to their child's swimming ability/level of water confidence. Where a visit includes a period of removed supervision, parents will be asked for their specific consent for this.)

Signature of Parent/ Carer and Student

I undertake to inform the Academy as soon as possible of any changes to the above details.

Parent / Carer signature: Date:

