



ST. BEDE C.E. PRIMARY ACADEMY
DATA COLLECTION FORM
PLEASE FULLY COMPLETE IN BLOCK CAPITALS

CHILD'S PERSONAL INFORMATION:

Surname: _____ Forename: _____

Middle Name(s): _____ Chosen Name: _____

Gender: _____ Date of Birth: _____

Has your child been known by a previous surname? If yes, please give details below:

Nationality: _____

Address: _____

Post Code: _____ Home Telephone No: _____

EMERGENCY CONTACT PRIORITY 1:

Surname: _____ Forename: _____ Mr/Mrs/Miss/Ms

Relationship to child: _____

Home Address: _____

Post Code: _____ Home Tel No: _____ Mobile: _____

Work Tel No: _____

Notes / Information: _____

EMERGENCY CONTACT PRIORITY 2:

Surname: _____ Forename: _____ Mr/Mrs/Miss/Ms

Relationship to child: _____

Home Address: _____

Post Code: _____ Home Tel No: _____ Mobile: _____

Work Tel No: _____

Notes / Information: _____

EMERGENCY CONTACT PRIORITY 3:

Surname: _____ Forename: _____ Mr/Mrs/Miss/Ms

Relationship to child: _____

Home Address: _____

Post Code: _____ Home Tel No: _____ Mobile: _____

Work Tel No: _____

Notes / Information: _____

CHILD'S ETHNIC INFORMATION *(we process this information under a legal obligation for the school census):*

Ethnic Origin (please tick):

Asian Bangladeshi		Mixed White & Black African	
Asian Indian		Mixed White & Black Caribbean	
Asian Kashmiri		Any Other Ethnic Background	
Asian Pakistani		Prefer not to say	
Asian Other		White British	
Black Africa		White Irish	
Black Caribbean		White Eastern European	
Black Other		White Other	
Chinese		White Gypsy Roma	
Mixed Other		Other (Please State):	
Mixed White Asian			

First Language: _____ Second Language: _____

RELIGION *(optional information - we require explicit consent under article 9 of GDPR to process religious data):*

Does your child follow a religion? Yes [] No []

If yes, please state religion:

Does your child speak English as a first language?

[] Yes [] No

If no, and English is spoken as a second language, please tick the appropriate box:

[] English is fully understood, written and spoken by my child

[] Some English is understood, written and spoken by my child

[] Only a little English is understood, written and spoken by my child

[] No English is understood, written or spoken by my child

Does your child have a sibling(s) at the Academy? Yes No

If yes, please state sibling's name and year group

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Does your child's sibling(s) have the same emergency contact details? Yes No

CHILD'S MEAL ARRANGEMENTS/DIETARY REQUIREMENTS (please tick):

Free School Meal * Paying School Meal Packed Lunch

Other (please state): _____

Does your child have any dietary requirements/allergies (please tick)?

(please note we do not offer Halal, however we do offer a vegetarian option)

Yes No

If yes, please give details:

CHILD'S MEDICAL INFORMATION *(we process this information under article 9 of GDPR where we have a vital interest in the welfare of your child):*

GP's Name: _____ Telephone Number: _____

Surgery Name & Address: _____

Please detail any relevant medical condition, allergy or disability which we need to be aware of and make reasonable adjustments to accommodate:

It is preferable, where possible, for parents to administer medicines to their child but, in the case where this is clearly impossible, the child must self-administer. Staff will not give medicines to any child. Please detail your child's medication (if required) and dosage:

Dentist's Name: _____ Telephone Number: _____

Surgery Name & Address: _____

Is your child allergic to plasters and/or latex? Yes No

Previous Playgroup/Nursery/Schools attended:

CONSENT (please tick):

- I give permission for my child to be taken off the school premises from time to time to walk around the local area. Please note that should you not give permission you may be asked to collect your child.
- I give permission for my child to be included in photographs for the school's internal use.
- I give permission for my child to be included in DVDs for the school's internal use.
- I give permission for my child's photograph to be featured in the press.
- I give permission for my child's photograph to be featured on the school's Twitter page.
- I give permission for my child's photograph to be featured on the school's website.
- I give permission for my child's photograph to be featured on displays in school.
- If an accident occurs and my child needs emergency treatment I understand that I will be contacted immediately. If the school cannot reach any of the emergency contacts, I give permission for a member of staff to take my child to hospital and stay with them until I arrive.

Data Protection Information

We process your data in accordance with the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679 of the EU) & Data Protection Act 2018. For information please see the data protection policy and privacy notice on our website.

Signed: _____ **Date:** _____

Print name: _____

Relationship to child: _____

2020/21

* Universal Infant Free School Meals (UIFSM). From September 2014 free school meals are offered to all infant children (Reception, Years 1 and 2)