

**CONFIDENTIAL - PUPIL DATA CARD AND CONSENT FORM**

**Please fill in both sides of this form**

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| **Child’s:**  Surname/family name: …………………………………………………………………………………………………………………………………………….  All other names: ………………………………………………………………………………………………………………………………………………………  Date of birth: …………………………………………………………………………………………………………………………………………………………..  Address: ………………………………………………………………………………………………………………………………………………………………….  ……………………………………. Post code: …………………………………… Tel No: ……………………………………………………………………..  Email addresses to be used for school to make contact: …………………………………………………………………………………………  Any other email addresses you wish us to add: ……………………………………………………………………………………………………… | |
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| **Ethnicity:**  Preferred name: …………………………………………………  Ethnicity: ……………………………………………………………  Religion: …………………………………………………………….  First language: ………………………………………………….. | Home language: ………………………………………………………………  Country of birth: ……………………………………………………………..  Nationality: ……………………………………………………………………..  Service family: Yes/No |

**Proficiency in English: □** A = new to English

□ B = early acquisition

□ C = developing competence

□ D = competent

□ E = fluent

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| **Parent(s)/Guardian(s)/Carer(s): who share responsibility for the child:**  Full Name: …………………………………………………………………...  Address *(if not as above)* ………………………………………………..  …………………………………………………………………………………  Place of work/contact: …………………………………………….  ………………………………………………………………..………………  Daytime Tel No (& Ext): ………………………………………….. | | | **Parent(s)/Guardian(s)/Carer(s): who share responsibility for the child:**  Full Name: ……………………………………………………………………  Address *(if not as above)* ………………………………………………………..  …………………………………………………………………………………………  Place of work/contact: …………………………………………………….  …………………………………………………………………………………………  Daytime Tel No (& Ext): …………………………………………………… | | |
| **Emergency Contacts:**  **Name:** **Relationship:** **Daytime Tel No (& Ext):** **Location of contact:**  1 ……………………………………. ……………………………………….. ………………………………………. …………………………….  2 ……………………………………. ……………………………………….. ………………………………………. …………………………….  Please ensure these are local contacts to telephone in case of an emergency | | | | | |
| **Custody and Court Orders:**  Is a Court Order in force for the child? Yes/No  If yes please make an appointment to see the Head Teacher. | | | | | |
| **Schools attended (in order):** | **Date of admission** | **Date of leaving** | | **School address** |
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**Please fill in both sides of this form**

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| **Consent for using images: Occasionally we take photographs of children at our school. These may be used in printed publications, as well as on our website or on project boards around the school. We may also make recordings for school-to-school conferences, monitoring or other education use. From time to time our school may be visited by the press. Your child’s full name will never be used without your specific permission (i.e. for a special event press photograph) To comply with the Data Protection Act 1998, we need your permission for these purposes, please indicate your preference below:** |
| May we use your child’s photograph on our website or printed publications that we produce for promotional purposes or display boards within the school? **(please circle answer) YES/NO** |
| May we record your child’s image (for nativity recordings or assemblies etc)? **(please circle answer) YES/NO** |
| Are you happy for your child to appear in the press  i.e. Year R whole class photo is taken annually with no child’s name **(please circle answer) YES/NO** |
| PLEASE NOTE THESE PERMISSIONS ARE VALID FOR 7 YEARS FROM THE DATE YOU SIGN IT, OR FOR THE PERIOD YOUR CHILD ATTENDS THE SCHOOL. |

**Family doctor:**

Name: ………………………………………………………………….....

Address: …………………………………………………………………..

…………………………………………………………………………………

…………………………………………………………………………………

Telephone number: .………………………………………………..

**Other children in the family**

*(i.e. names, relationship)*

**Child’s Health** Health concern (e.g. hearing, sight, special conditions, need for regular medication etc.)

**10. Parental Authorisation**

To aid our administration we would be grateful for your permission to enter details on this form on our pupil database, by signing this form you give permission automatically, by return of email will be taken as authorisation.

Data Protection: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Education Authority and the DfE and for forwarding records to follow on schools.

There are times when we would like to extend the work undertaken in the classroom by taking children on short educational outings by foot within the surrounding locality, e.g. the park, travel surveys and local farms etc. During such visits, the children will be supervised in accordance with HCC directives. In the event that you feel unable to give such permission, alternative arrangements will be made for your child.

I \*am/\*am not willing to allow my child to be taken out of school on short educational outings.

*\*Delete as appropriate*

Signature: ……………………………………………………………………………… (parent/Guardian/carer) Date: ……………………………

**Lunch Arrangements:** Specific Dietary Requirements: …………………………………………………………………………………….

Home packed lunch □ School lunch □ Benefit related Free School Meals □

**Travel to School:**  Walk □ Car □ Public transport □