



Hemington Primary School

Data Collection Sheet



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Article 6 and Article 9 of the GDPR, Education Act 1996 Regulation 5 of The Education (Information About Individual Pupils) (England) Regulations 2013

Not only does this data help us to operate as an Educational Establishment but it also helps us to keep your child safe and provide an education that is tailored to their needs. It is important that the information we hold is up to date. Please let us know as a matter of urgency if the information we hold about your child has changed.

For more detailed information about how we collect and use this information please refer to our Privacy Policy, Data Protection Policy and Retention Policy. These are available on the schools website or a copy can be requested from the school office.

If you should have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or email our Data Protection Officer: info@dpoforschools.co.uk

CHILDS DETAILS

Surname: _____ Forename: _____
Middle Name: _____ Gender (Male/Female): _____
Date of Birth: _____
Home Address: _____
Postcode: _____ Home Telephone: _____

Please note: There are two boxes for non-parental contact details on the following page. Please enter details in priority order for each of the four contact names indicating the order in which they should be contacted in an emergency.

PARENT/CARER – Contact Information

Priority 1

Title and Surname: _____ Forename: _____
Mobile: _____ Relationship to Pupil: _____
Parental Responsibility: Yes / No Email: _____
Do you live at the same address as the child? Yes / No If not, please provide home address
_____ Postcode: _____
Place of Work (if working): _____
Work Address: _____
Work Contact No: _____

As the person named above in 'Priority 1' I confirm that I have obtained consent from Priority 2 (if not a parent) Priority 3 and Priority 4 to add their details as a point of contact for the above named child.

Where parents live separately, it would be helpful if you could answer the question below:

Do you wish the other parent to be contacted?

Yes / No / Only in an emergency (please delete as appropri-

| | | |
|--|------------------------------|-------------------|
| PARENT/CARER/OTHER – Contact Information | | Priority 2 |
| Title and Surname: _____ | Forename: _____ | |
| Mobile: _____ | Relationship to Pupil: _____ | |
| Parental Responsibility: Yes / No | Email: _____ | |
| Do you live at the same address as the child? Yes / No If not, please provide home address | | |
| _____ | Postcode: _____ | |

| | | |
|---|---------------------------------|-------------------|
| Non Parental Emergency Contact information | | Priority 3 |
| Title and Surname: _____ | Forename: _____ | |
| Home Address: _____ | | |
| Postcode: _____ | Home Landline Contact No: _____ | |
| Mobile: _____ | Relationship to pupil: _____ | |

| | | |
|---|---------------------------------|-------------------|
| Non Parental Emergency Contact information | | Priority 4 |
| Title and Surname: _____ | Forename: _____ | |
| Home Address: _____ | | |
| Postcode: _____ | Home Landline Contact No: _____ | |
| Mobile: _____ | Relationship to pupil: _____ | |

Information that will help us to help your child

| | | | |
|---|---------------------------------------|---|---|
| Lunch time meal arrangements | | | |
| Please note if you are in receipt of Income Support, or Income Based Job Seekers Allowance then you will be entitled to claim for Free School Meals. Please see someone in the reception office to complete a form to claim for this. | | | |
| School Meal | <input type="checkbox"/> Packed Lunch | <input type="checkbox"/> Home | <input type="checkbox"/> |
| Dietary Requirements | | | |
| Artificial Colouring Allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> No dairy produce | <input type="checkbox"/> No Nuts <input type="checkbox"/> |
| Other (Please Specify) _____ | | | |

| | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| Religion | | | |
| Christian | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Other | Please Specify _____ | | |
| | | Kurdish | <input type="checkbox"/> |
| | | No Religion | <input type="checkbox"/> |
| | | Refuse to disclose | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--|--------------------------|
| Home Language | | Do you MAINLY speak English at home? Yes / No | |
| Which additional language(s) do you speak at home: | | | |
| None | <input type="checkbox"/> | British Sign Language | <input type="checkbox"/> |
| Punjabi | <input type="checkbox"/> | Hindi | <input type="checkbox"/> |
| Gujarati | <input type="checkbox"/> | Polish | <input type="checkbox"/> |
| Other | Please Specify _____ | | |
| | | Kurdish | <input type="checkbox"/> |
| | | Welsh | <input type="checkbox"/> |

Country of Birth _____ Nationality _____

Ethnicity—Please tick below

White

Mixed / Dual

White – British

White & Asian

White – Irish

White & Black African

Traveller of Irish Heritage

White & Black Caribbean

Gypsy / Roma

Any Other Mixed Background

White European (non UK)

White Other

Black / Black British

Black Caribbean

Black Somali

Other Black African

Any other Black background _____

Asian / Asian British

Indian

Pakistani

Bangladeshi

African Asian

Other Asian

Others

Chinese

Any Other Ethnic Group _____

If you have newly arrived in England can you please state the date you arrived _____

and which country you have come from _____

Medical Information

Has your child been diagnosed with Special Needs? Yes / No

Physical Disability

Hearing Impairment

Visual Impairment

Needs Medication

ASD/Aspergers/Other

Other (Please specify) _____

Does your child require an Epipen?

Does your child use an asthma inhaler?

Does your child have any medical conditions that the school should be aware of? _____

Doctor's Name: _____

TEL: _____

Address: _____

Has your child attended another school? Yes / No

Name of School/Nursery _____

Reason for leaving: _____

Does your child have any brothers or sisters? Yes / No If yes, please give details below:

Name

Age

School Attending

Please use this space to give us any information about your child that you feel we should know and which

hasn't already been covered by this form: _____

Consent

Since the introduction of the General Data Protection Regulation (GDPR) Consent has to be more explicit/transparent so at the point of data collection, the individual will need to be informed exactly how their data will be used and who it will be shared with. Please refer to our schools **Privacy Notice** for more detailed information, this is available from the school office and can be downloaded from the schools website.

Due to the GDPR we need to obtain your consent for certain activities we carry out in school. These help to enhance your child's education, promote your child's wellbeing and keep you informed. This consent will be for the whole time that your child will be attending the school. **Please note you can withdraw consent at anytime by contacting the school office.**

Email and Text Service

We would like to use the email address and mobile number that we have on record, so that we can continue to communicate with you using our text and email service. For safeguarding reasons, phone-calls and letters will always be used to communicate safeguarding, wellbeing and other personal messages relating to your child. However we may also contact you with information about, but not restricted to, school based activities. For example, activities in the school community (such as a Fate) and other activities which may be of benefit to you or your child(ren).

I give consent for my email and mobile number being used for the purpose stated above. Yes No

Photography and Video

Occasionally we may take photographs of the children at our school. We use these images to enhance the children's education and to make them feel good about themselves we use them as part of our school displays, children's books and sometimes in other printed publications. We may also use them on our school website and our school based social media activities. If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption.

If we name a pupil in the text, we will not use a photograph of that child to accompany the article. If a child has won an award and the parent would like the name of their child to accompany their picture we will obtain permission from the parent before using the image. Photos may very occasionally appear in the press to promote the good work of the school. Video's of plays and activities maybe taken for internal school use only.

I give consent for child's photo to be used for the purposes stated above. Yes No

Local Visits

During your child's time at our school, they may be involved in a number of local visits, these may involve visits to the local shops, other schools, park, library or places of worship. We also use off site provision in the local area for sports activities. This provision helps us enhance the PE curriculum.

We must obtain parental/guardian permission for your child to participate and without this consent, your child will not be able to participate in any of these off site activities. For trips that include booked transport and are outside the local area you will be asked to sign a separate consent form giving precise details of the trip.

Other Consent

I give consent for my child to go on local educational trips. Yes No

I give consent for my child to travel to local primary and secondary schools for, but not restricted to, sports activities, music events etc. with school staff, governors or parents. Safety legislation will always be adhered to. Yes No

I give consent for my child to eat food, which is a product of cooking or food tasting as part of the schools curriculum. Yes No

I give consent for my child to use the Internet in school to enhance the curriculum all in line with the schools e-safety policy. Yes No

I give consent for my child receive sex education lessons that are age appropriate Yes No

I give consent for my child's data to shared when transferring to another school Yes No

I would like to receive the school newsletter by email Yes No

Your name (Please print) _____ **Date:** _____

Your Signature: _____

For office use only

UPN Number: **Admission Date:** _____ **Birth Certificate Checked:**