****

Secondary

 **Child’s details**

Child’s first name(s):Click or tap here to enter text. Legal Surname: Click or tap here to enter text.

Name known as: Click or tap here to enter text.

Child’s full home address: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Male [ ]  Female [ ]  Date of birth: Click or tap here to enter text.

 **Previous School Details**

Please give details of the last school that your child attended:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Tel: Click or tap here to enter text. Dates attended from: Click or tap here to enter text. to: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

 **Lunch Time Arrangements**

Did you receive Free School Meals for any other child attending any other school in the last 6 years?

Yes [ ]  No [ ]

Please select one of the following lunch provision options for your child joining Armfield Academy:

Packed Lunch [ ]  School Meal [ ]  Free School Meal [ ]

Providing your national insurance number will ensure your eligibility for free school meals can be automatically updated on our system if you have a change of circumstances, you will be notified of this by email if you provide an email address on the next page.

National insurance Number: Click or tap here to enter text. Relationship to child: Click or tap here to enter text.

**If your child has any special dietary requirements, please give details below:**

Click or tap here to enter text.

**A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he’s either:**

* married to the child’s mother
* listed on the birth certificate (since 2003 in England and Wales)

Please complete parent/carer information in priority order

 **Mother’s Details *(biological)***

Mrs/Miss/Ms/Other: Click or tap here to enter text.

Surname: Click or tap here to enter text. Maiden Name: Click or tap here to enter text.

First name(s): Click or tap here to enter text. DOB: Click or tap here to enter text.

Address same as child: Yes [ ]  No [ ]  Address *(if different from child*): Click or tap here to enter text.

*If less than 3 years at current address, please let us know your previous address:*

Click or tap here to enter text.

Contact number (home): Click or tap here to enter text. (Mobile): Click or tap here to enter text.

Email address: Click or tap here to enter text.

Parental responsibility? Yes [ ]  No [ ]  If no, please explain: Click or tap here to enter text.

Court Order? Yes [ ]  No [ ]  If yes, please explain: Click or tap here to enter text.

Other relevant information: Click or tap here to enter text.

 **Father’s Details *(biological)***

Surname: Click or tap here to enter text.

First name(s): Click or tap here to enter text. DOB: Click or tap here to enter text.

Address same as child: Yes [ ]  No [ ]

Address *(if different from child*): Click or tap here to enter text.

*If less than 3 years at current address, please let us know your previous address:*

Click or tap here to enter text.

Contact number (home): Click or tap here to enter text. (Mobile): Click or tap here to enter text.

Email address: Click or tap here to enter text.

Parental responsibility? Yes [ ]  No [ ]  If no, please explain: Click or tap here to enter text.

Court Order? Yes [ ]  No [ ]  If yes, please explain: Click or tap here to enter text.

Can be contacted in an emergency or/and is allowed to collect child from school? Yes [ ]  No [ ]

Other relevant information that we need to be aware of: Click or tap here to enter text.

*Please provide two further contacts in cases where parents are not contactable in school hours*.

 **Significant Adult 1 *(Guardian/Step Parent/Partner/other relation)***

Mr/Mrs/Miss/Ms/Other: Click or tap here to enter text.

Surname: Click or tap here to enter text. Maiden Name: Click or tap here to enter text.

First name(s): Click or tap here to enter text. DOB: Click or tap here to enter text.

Address *(if different from child*): Click or tap here to enter text.

*If less than 3 years at current address, please let us know your previous address:*

Click or tap here to enter text.

Contact number (home): Click or tap here to enter text. (Mobile): Click or tap here to enter text.

Email address: Click or tap here to enter text.

Parental responsibility? Yes [ ]  No [ ]

Court Order? Yes [ ]  No [ ]

Can be contacted in an emergency or/and is allowed to collect child from school? Yes [ ]  No [ ]

Relationship to child? Click or tap here to enter text.

 **Significant Adult 2 *(Guardian/Step Parent/Partner/other relation)***

Mr/Mrs/Miss/Ms/Other: Click or tap here to enter text.

Surname: Click or tap here to enter text. Maiden Name: Click or tap here to enter text.

First name(s): Click or tap here to enter text. DOB: Click or tap here to enter text.

Address *(if different from child*): Click or tap here to enter text.

*If less than 3 years at current address, please let us know your previous address:*

Click or tap here to enter text.

Contact number (home): Click or tap here to enter text. (Mobile): Click or tap here to enter text.

Email address: Click or tap here to enter text.

Parental responsibility? Yes [ ]  No [ ]

Court Order? Yes [ ]  No [ ]

Can be contacted in an emergency or/and is allowed to collect child from school? Yes [ ]  No [ ]

Relationship to child? Click or tap here to enter text.

 **Siblings (Aged 0-18)**

|  |  |  |
| --- | --- | --- |
| Name | DOB | Current School / Nursery |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 **Service Children**

**Service Children in Education**

(Parent or parents who are Service Personnel, serving in regular HM Forces military units of all forces and exercising parental care and responsibility)

|  |  |  |
| --- | --- | --- |
| Yes |[ ]  No |[ ]  Rather not say |[ ]

 **Medical Arrangements**

Please give details of any medical condition we may need to be aware of such as Asthma, fits / convulsions and allergies. If appropriate, please also include a list of any medication the child is regularly prescribed. *(Please tick any of the following which affects your child)*

Wears glasses [ ]  Hearing Problem [ ]  Speech Problem [ ]  Diabetes [ ]  Asthma [ ]  Eczema [ ]

Epilepsy [ ]  Blood Disorder [ ]  Toileting [ ]  Fits or convulsions [ ]  Mobility Issues [ ]

Other please give details/please give details of your child’s medical condition:

Click or tap here to enter text.

Prescribed Medication:

***If your child requires medication in school, please ensure you complete a ‘administering medication form’ which can be collected from the school office.***

|  |  |  |
| --- | --- | --- |
| Name of Medication | Condition Prescribed For | Required in School (Yes/No) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Name of Doctor’s Surgery : Click or tap here to enter text. Tel: Click or tap here to enter text.

Address: Click or tap here to enter text.

**Emergency Consent**

*If your child requires emergency first aid treatment by qualified staff at school, or requires emergency medical treatment at hospital and we are unable to contact you, please sign below to give permission to proceed with the necessary treatment.*

I give permission for my child to receive First Aid on the premises or in an emergency, be taken to hospital for treatment.

Yes [ ]  No [ ]

Signed: Click or tap here to enter text. Relationship to child: Click or tap here to enter text.

**Special Education Needs**

Does your child have an Educational Healthcare Plan? Yes [ ]  No [ ]

Is your child under a Paediatrician? Yes [ ]  No [ ]

If yes, please give the name of the Paediatrician: Click or tap here to enter text.

Please give information regarding any support your child may need in school:

 Click or tap here to enter text.

 **Ethnicity / Culture**

Please note: A person’s ethnic group describes how they see themselves. This may be based on many things, including, for example, their skin colour, language, culture, ancestry or family history*.* ***Ethnic group is not the same as nationality.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** |  |  | **Asian or Asian British** |  |
|  |  |  |  |  |
| British |[ ]   | Indian |[ ]
|  |  |  |  |  |
| Irish |[ ]   | Pakistani |[ ]
|  |  |  |  |  |
| Traveller of Irish Heritage |[ ]   | Bangladeshi |[ ]
|  |  |  |  |  |
| Gypsy/Roma |[ ]   | Any other Asian background |[ ]
|  |  |  |  |  |
| Any other White background |[ ]   |  |  |
|  |  |  |  |  |
| **Mixed** |  |  | **Black or Black British** |  |
|  |  |  |  |  |
| White and Black Caribbean |[ ]   | Caribbean |[ ]
|  |  |  |  |  |
| White and Black African |[ ]   | African |[ ]
|  |  |  |  |  |
| White and Asian |[ ]   | Any other Black background |[ ]
|  |  |  |  |  |
| Any other mixed background |[ ]   |  |  |
|  |  |  |  |  |
| **Chinese** |[ ]   |  |  |
|  |  |  |  |  |
| **Other ethnic background** |[ ]   |  |  |
|  |  |  |  |  |

Country of Birth: Click or tap here to enter text. Nationality: Click or tap here to enter text.

Home Language: Click or tap here to enter text. English as a second language: Yes [ ]  No [ ]

Religion: Click or tap here to enter text.

 **Parental Consent**

**This part of the form is where we ask for parental/guardian permission. Please read carefully and give your permission where you feel appropriate. Permissions are valid from the date you sign until your child leaves our school unless you wish to withdraw your consent. To do this, you must inform us in writing.**

**Food Tasting**

As part of the curriculum, we often taste and explore a variety of foods. We need parental authorisation for children to take part in food tasting sessions that we may hold in school. Please make sure you have given details of any allergies on the first page of this form.

I give permission for my child to take part in food tasting sessions: Yes [ ]  No [ ]

**School Visits**

As part of the curriculum, classes may need to use the local area to support their learning. Rather than requesting permission on a per outing basis, we would like permission for your child to attend these outings when necessary. This consent will cover outings taking part within school hours, either on foot or using the school minibus. These outings will of course be appropriately staffed.

I give permission for my child to participate in visits to the local area: Yes [ ]  No [ ]

**Using the Internet**

As part of the curriculum, your child may be provided with computing equipment and access to the internet. This access would be under adult supervision and children will only be asked to access age appropriate material.

I give permission for my child to access the internet when necessary in school: Yes [ ]  No [ ]

Parent/Carer Name (printed): Click or tap here to enter text.

Signed: Click or tap here to enter text.

Date: Click or tap here to enter text.

 **Privacy Statement - How we use your information**

**Data Protection**

To comply with the Data Protection Act 1998, we need permission to photograph or make any recordings of your child. **All photographs used will be unidentified or identified by first name only unless otherwise stated.**

I give permission for my child’s photograph to be……

taken for annual individual photographs sold only to myself: Yes [ ]  No [ ]

taken for annual class photographs sold to all parents of class: Yes [ ]  No [ ]

taken as evidence of their learning (kept in school for assessment) Yes [ ]  No [ ]

used for displays in school: Yes [ ]  No [ ]

used on classcharts visible by class parents: Yes [ ]  No [ ]

used on the school website: Yes [ ]  No [ ]

used for school publications given to other parents eg newsletter/prospectus: Yes [ ]  No [ ]

used on Official Twitter Feed: Yes [ ]  No [ ]

used on Official Facebook: Yes [ ]  No [ ]

used **with full name** for a press photograph: Yes [ ]  No [ ]

*(At the present time, some* *local newspapers will not agree to publish a photograph without a full name).*

I agree to my child being photographed or filmed in press events agreed by Yes [ ]  No [ ]

the school:

**Please note that websites can be viewed throughout the world and not just in the United Kingdom.**

Parent/Carer Name (printed): Click or tap here to enter text.

Signed: Click or tap here to enter text.

Date: Click or tap here to enter text.

Armfield Academy are Data Controllers for the purpose of the Data Protection Act. We collect information about our pupils and may receive information about them from their previous school/childcare setting and Learning Records Service. We hold this data and use it to:

* Support the teaching and learning of pupils
* Monitor and report on their progress
* Provide appropriate pastoral care
* Assess how well the school is doing

The information includes your contact details, national curriculum assessment results, attendance information and personal characteristics such as ethnic group, any special education needs and relevant medical information.

**We do not give information about our pupils to anyone outside the school without your consent unless the law and our rules allow us to.**

We are required by law to pass some pupil information to the Local Authority and the Department for Education (DfE).

Pupils, as data subjects, have certain rights under the Data Protection Act, including a general right to be given access to personal data held about them by any data controller. The presumption is that by the age of 12 a child has sufficient maturity to understand their rights and to make an access request themselves if they so wish. A parent would normally be expected to make a request on a child’s behalf if the child is younger. If you want a copy of the information we hold and share about you/ your child, then please contact the school on 01253 402936.

 **Other Agencies / Professionals involved with your child**

Do you have any of the following in place? : CAF [ ]  TAF [ ]  GIR [ ]

Name of Social Worker / Family in Need Worker *(if applicable):* Click or tap here to enter text.

|  |
| --- |
| Department : Click or tap here to enter text. Contact Number: Click or tap here to enter text.**Notes / Any other information**Click or tap here to enter text. |

|  |
| --- |
| **Notes / Any other information continued ….** |

**IMPORTANT : PLEASE MAKE SURE YOU HAVE COMPLETED THIS ENTIRE BOOKLET BEFORE RETURNING IT TO SCHOOL.**