****

Secondary

 **Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal forename(s): | Enter text here | Legal surname(s):  | Enter text here |
| Preferred name if different: | Enter text here |
| Child’s full home address: | Enter text here |
| Enter text here | Postcode: | Enter text here |
| Male [ ]  Female [ ]  | Date of Birth: | Enter text here |

|  |  |  |
| --- | --- | --- |
| Official School Use Only | Birth Certificate seen: | Yes [ ]  No [ ]  |

 **Parent/Carer Details 1 *Contact 1***

Parent/carer with whom the child normally resides/emergency contact 1

|  |  |
| --- | --- |
| Title: | Title |
| Surname: | Enter text here | Forename: | Enter text here |
| DOB: | Enter text here |
| Address: | Enter text here |
| Enter text here | Postcode: | Enter text here |
| Contact numbers |
| Home: | Enter text here | Mobile: | Enter text here |
| Work: | Enter text here |
| Email address: | Enter text here |

|  |  |  |
| --- | --- | --- |
| Relationship to child? | Choose from list | Specify other: Enter text here |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain:Enter text here |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain:Enter text here |

|  |
| --- |
| Other relevant information: |
| Enter text here |

 **Parent/Carer Details 2 *Contact 2***

|  |  |
| --- | --- |
| Title: | Title |
| Surname: | Enter text here | Forename: | Enter text here |
| DOB: | Enter text here |
| Address: | Enter text here |
| Enter text here | Postcode: | Enter text here |
| Contact numbers |
| Home: | Enter text here | Mobile: | Enter text here |
| Work: | Enter text here |
| Email address: | Enter text here |

|  |  |  |
| --- | --- | --- |
| Relationship to child? | Choose from list | Specify other: Enter text here |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain:Enter text here |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain:Enter text here |

|  |
| --- |
| If not residing at the same address as child please fill in this section  |
| Correspondence/report required? | Yes [ ]  No [ ]  |

|  |
| --- |
| Other relevant information: |
| Enter text here |

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

 **Additional Emergency Contact *Contact 3***

|  |  |
| --- | --- |
| Title: | Title |
| Surname: | Enter text here | Maiden Name: | Enter text here |
| First name(s): | Enter text here | DOB: | Enter text here |
| Address: | Enter text here |
| Enter text here | Postcode: | Enter text here |
| Contact numbers |
| Home: | Enter text here | Mobile: | Enter text here |
| Work: | Enter text here |
| Email address: | Enter text here |

 **Additional Emergency Contact *Contact 4***

|  |  |  |
| --- | --- | --- |
| Relationship to child? | Choose from list | Specify other: Enter text here |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain: Enter text here |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain: Enter text here |

|  |  |
| --- | --- |
| Title: | Title |
| Surname: | Enter text here | Maiden Name: | Enter text here |
| First name(s): | Enter text here | DOB: | Enter text here |
| Address: | Enter text here |
| Address Cont. | Postcode: | Enter text here |
| Contact numbers |
| Home: | Enter text here | Mobile: | Enter text here |
| Work: | Enter text here |
| Email address: | Enter text here |

|  |  |  |
| --- | --- | --- |
| Relationship to child? | Choose from list | Specify other: Enter text here |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain: Enter text here |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain: Enter text here |

 **Medical Arrangements**

**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. [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | Enter text here | Relationship to child: | Enter text here |

**Dietary Needs**

Please give details of any dietary needs we may need to be aware of, please tick any of the following.

|  |  |  |
| --- | --- | --- |
| Artificial colouring allergy |[ ]  Gluten free |[ ]  Halal |[ ]
| Kosher foods only |[ ]  No dairy produce |[ ]  No nuts of any type/quantity |[ ]
| No pork |[ ]  Seafood allergy |[ ]  Vegetarian |[ ]
| Other | Enter text here |

**Medical Practice**

|  |  |
| --- | --- |
| Name of Doctor’s Surgery: | Enter text here |
| Telephone Number: | Enter text here |
| Address: | Enter text here |

**Prescribed Medication**

*Please list medication that the child has to take on a daily/weekly basis*

|  |  |  |
| --- | --- | --- |
| Name of Medication | Condition Prescribed For | Required in School (Yes/No) |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |

**Medical Conditions**

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 |[ ]

**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: Insert name

 **Ethnicity / Culture**

|  |
| --- |
| Please give information regarding any support your child may need in school: |
| Enter text here |

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** |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality: | Enter text here | Home Language: | Enter text here |
| Country of Birth: | Enter text here | Religion: | Enter text here |
| English as additional Language: |  Yes [ ]  No [ ]  |

 **Additional Information**

**Lunch Time Arrangements**

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

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

|  |
| --- |
| **If your child is entitled to free school meals, please complete the free school meal form, which is available on the school website or from the main office.** |

**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 [ ]  |

 **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):* Enter text here

Department: Enter text here Contact Number: Enter text here

|  |
| --- |
| Please give additional information regarding child may need in school: |
| Enter text here |

 **Previous School Details**

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

|  |  |
| --- | --- |
| Name: | Enter text here |
| Address: | Enter text here |
| Tel: | Enter text here | Dates attended from: | Enter text here | to: | Enter text here |
| Reason for leaving: | Enter text here |

 **Siblings**

Please give details of all siblings within the age range of 0-18 years old:

|  |  |  |
| --- | --- | --- |
| Name | DOB | Current School / Nursery |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |
| Enter text here | Enter text here | Enter text here |

 **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 medical arrangements section 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):  | Enter text here |
| Signed:  | Enter text here |
| Date:  | Enter text here |

 **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 Class Charts 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):  | Enter text here |
| Signed:  | Enter text here |
| Date:  | Enter text here |

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 207702.

|  |
| --- |
| **Notes / Any other information** |
| Enter text here |

|  |
| --- |
| **Notes / Any other information continued ….** |
| Enter text here |



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