

2025 - 2026


**BURSCOUGH**  
**PRIORY ACADEMY**
**STUDENT DATA COLLECTION SHEET**

STUDENT PERSONAL INFORMATION						
LEGAL SURNAME			PREFERRED SURNAME			
LEGAL FORENAME			PREFERRED FORENAME			
MIDDLE NAME(S)			GENDER AT BIRTH	MALE	FEMALE	
YEAR / TUTOR GROUP			DATE OF BIRTH:			
HOME ADDRESS & POSTCODE						
BIRTH CERTIFICATE (School use only)	Y	N				

PARENTAL INFORMATION			PARENT/ CARER 1		
TITLE		FORENAME		SURNAME	
PARENTAL RESPONSIBILITY	Y	N	RELATIONSHIP TO CHILD		
HOME ADDRESS					
POSTCODE				Does the child normally reside with this parent?	Y N
TELEPHONE NUMBERS	MOBILE		HOME		
	WORK		OTHER		
E-MAIL ADDRESS <i>Majority of school correspondence including reports &amp; letters is sent via email</i>					

PARENTAL INFORMATION			PARENT/ CARER 2		
TITLE		FORENAME		SURNAME	
PARENTAL RESPONSIBILITY	Y	N	RELATIONSHIP TO CHILD		
HOME ADDRESS					
POSTCODE				Does the child normally reside with this parent?	Y N
TELEPHONE NUMBERS	MOBILE		HOME		
	WORK		OTHER		
E-MAIL ADDRESS <i>Majority of school correspondence including reports &amp; letters is sent via email</i>					

Does the child have a social worker?	Y	N	Social Worker details		
SOCIAL WORKER NAME					
TELEPHONE NUMBERS	MOBILE				
	WORK				
E-MAIL ADDRESS					
Is the child in Local Authority care?			Y	N	
Which Local Authority?					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility' as defined by family law.									
TITLE			FORENAME			SURNAME			
RELATIONSHIP TO CHILD					CONTACT PRIORITY		1	2	3
PARENTAL RESPONSIBILITY <i>(Legally assigned)</i>		Y	N	If YES please give details:					
HOME ADDRESS									
POSTCODE					Does the child normally reside with this parent?			Y	N
TELEPHONE NUMBERS		MOBILE				HOME			
		WORK				OTHER			
E-MAIL ADDRESS <i>Majority of school correspondence including reports &amp; letters is sent via email</i>									

<b>** voluntary not mandatory</b>					<b>FAMILY LINKS</b>				
SIBLING NAME AT BURSCOUGH PRIORY					LIVING AT SAME ADDRESS		Y	N	

**ADDITIONAL CONTACT INFORMATION**

Please provide any additional contact details. Priority 1 & 2 (Parents) will always be contacted in the first instance.

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>MOBILE</b>		<b>HOME</b>		<b>OTHER</b>	
<b>RELATIONSHIP TO CHILD</b>					

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>MOBILE</b>		<b>HOME</b>		<b>OTHER</b>	
<b>RELATIONSHIP TO CHILD</b>					

MEDICAL INFORMATION						
<b>MEDICAL PRACTICE</b>						
<b>ADDRESS</b>						
<b>TELEPHONE</b>						
<b>MEDICAL CONDITIONS</b> <i>(Allergies, Asthma, Epilepsy, Diabetes)</i>						
<b>Please add additional information</b> <i>ie: Inhaler, EpiPen</i>						
<b>Is there a medical care plan for your child? (attach a copy)</b>					<b>Y</b>	<b>N</b>
<b>Has your child been immunised against the following diseases?</b>						
<b>Poliomyelitis</b>	<b>Y</b>	<b>N</b>	<b>Tetanus</b>	<b>Y</b>	<b>N</b>	<b>Date if known:</b>
<b>Is your child taking any regular medication?</b>				<b>Y</b>	<b>N</b>	<i>If YES, please provide details:</i>
<i>If medication is to be administered during the school day please complete the 'Parental Agreement For School To Administer Prescribed Medicine consent form</i>						

DIETARY REQUIREMENTS					
Any DIETARY REQUIREMENTS <i>Include any food allergies</i>					
MEAL ARRANGEMENTS	SCHOOL MEAL		PACKED LUNCH	HOME	
ELIGIBLE FOR FREE SCHOOL MEALS	Y	N	Have you received FSM in the last 5 Years?	Y	N
For Information regarding Free School Meals, please contact (01772) 531809					

ETHNICITY			
ETHNICITY		RELIGION	
Home Language		Country of Birth	
First Language		Nationality on Passport	

** voluntary not mandatory MODE OF TRAVEL		
WALK	CAR	BICYCLE
BUS	BUS DETAILS:	

SPECIAL EDUCATIONAL NEEDS
Please provide further details.

SERVICE CHILDREN IN EDUCATION		
Please indicate if your child is a Service Child in Education	Y	N
If yes, please give details.		

IS YOUR CHILD A YOUNG CARER		
If you would like to give some detail, please do...	Y	N
If yes, please give details.		

CHILDREN ADOPTED FROM CARE OR WHO HAVE LEFT CARE		
Please indicate if your child has ever been looked after, for at least one day, by a local authority in England & Wales.	Y	N
IF YES, PLEASE PROVIDE DATE CHILD LEFT CARE		

ARE THERE ANY COURT ORDERS IN PLACE IN RELATION TO THE CHILD?	Y	N
COPY PROVIDED	Y	N

PREVIOUS SCHOOL	
SCHOOL	
ADDRESS	
TELEPHONE	

ANY OTHER COMMENTS

ON BEHALF OF 'CHILD'		
I CONFIRM THAT WE ARE ACCEPTING THE SCHOOL PLACE AT BURSCOUGH PRIORY ACADEMY FOR SEPTEMBER 2025	Y	N

### EMERGENCY CONSENT AND ADMINISTRATION OF MEDICINE

I understand that all visits are insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by Burscough Priory Academy. I also understand that any extension of insurance cover is my responsibility unless advised differently by Burscough Priory Academy. Please note that personal accident cover and insurance for personal loss is provided for overseas residential visits.

#### Declaration By Parent/Carer

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I am aware of the levels of insurance cover.
- I will ensure that I will update the school with any change in circumstances, emergency contact details and medical information as soon as possible.
- I agree to my child taking part in any educational study visits during the normal school day as part of their curriculum.
- I understand that I must deliver any non-prescription medicine personally to the School Office with dosage instructions and any relevant information. I also accept that if I wish the school to administer prescribed medication I will need to complete the Parental Agreement for School to Administer Prescribed Medicine consent form.

**I accept that there is an inherent risk of injury in participation of adventurous outdoor activities. Risk can be reduced to acceptable levels by implementing appropriate risk assessments. Copies of written risk assessments are available on request from the school/centre.**

I declare the above information is correct and give my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.

Signed Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### THE GENERAL DATA PROTECTION REGULATION (GDPR)

I acknowledge that the Academy is required to keep and process certain information and has a duty to protect this information and to keep it up to date in accordance with its legal obligations under the GDPR. I understand that the school is required by law to share data with the Local Authority and the DfE and that the school also shares data with NHS Professionals & Service Providers for the purposes of confirming registration at school, the wellbeing of students and for the vaccination programme.

I acknowledge that the Privacy Notice For Students at Burscough Priory Academy details how the school collects and processes the data that is within their control.

Signed Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**'Privacy Notices for Students at Endeavour Learning Trust' is available on the Academy website.**