

Congleton High School - Data Checking Form

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|------------------------|----------------------|---|--------------------------|---------|--------------------------|--------------|----------------------|
| Student Details | | | | | | | |
| Legal Surname: | <input type="text"/> | Legal Forename: | <input type="text"/> | | | | |
| Called Surname: | <input type="text"/> | Called Forename: | <input type="text"/> | | | | |
| Middle Name(s): | <input type="text"/> | | | | | | |
| Date of Birth: | <input type="text"/> | Male: | <input type="checkbox"/> | Female: | <input type="checkbox"/> | Tutor Group: | <input type="text"/> |
| Address: | <input type="text"/> | | | | | | |
| Home Phone: | <input type="text"/> | In Service Child: (Parent is a member of the Armed Forces) | <input type="checkbox"/> | | | | |
| Student Email Address | <input type="text"/> | | | | | | |

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| Siblings | Please list any brothers or sisters who attend this school: |
| <input type="text"/> | |

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| Other Details |
| Religion: |
| Language spoken at home: |
| Ethnicity: |

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| Modes of Travel | | |
| Car/Van <input type="checkbox"/> | Bus (type not known) <input type="checkbox"/> | Walk <input type="checkbox"/> |
| Taxi <input type="checkbox"/> | Dedicated School Bus <input type="checkbox"/> | Cycle <input type="checkbox"/> |
| Car Share <input type="checkbox"/> | Public Service Bus <input type="checkbox"/> | |

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| School Meals (tick one) | | |
| Sandwiches <input type="checkbox"/> | Free Meal <input type="checkbox"/> | Meal at School <input type="checkbox"/> |

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| Medical Details | Please add to our current medical notes. Include serious illness, accident, operation medical condition, allergy, or regular treatment or medication of which the school should be aware. | | |
| Doctor: | <input type="text"/> | Medical Conditions: | <input type="text"/> |
| Telephone: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |

Allergies**Disabilities****Please indicate who the learner lives with****Image Consent**May we use your child's biometric data for cashless catering purposes? May we use your child's photograph in printed material for school promotional purposes / display in school? May we use your child's image on our website/social media? May we record your child's image on video or webcam for purposes other than safeguarding and security? Are you happy for your child to appear in the media?

Consent may be withdrawn at any time by contacting Student Reception

Please list the priority, name, relationship, parental responsibility (Y/N), address, and phone numbers for two contacts. Also, please include an email address (if applicable).

| Name | Priority | Emergency Level | Next Of Kin | Responsibility | Send SMS | Communication Preference | Phone Number(s) (inc Ext) | Address Type | Address |
|------|----------|----------------------|-------------|----------------|----------|--------------------------|---------------------------|--------------|---------|
| | | | | | | | | | |
| | | Email Address | | | | | | | |
| | | | | | | | | | |
| | | Email Address | | | | | | | |

Parent/Guardian Signature.....**Date**.....