



GARSTANG COMMUNITY ACADEMY STUDENT DATA COLLECTION FORM



STUDENT INFORMATION

| | | | |
|--------------------|--|------------|--|
| Legal Forename | | Address 1 | |
| Middle Name(s) | | Address 2 | |
| Legal Surname | | Address 3 | |
| Preferred Forename | | Postcode | |
| Preferred Surname | | Home Phone | |
| Date of Birth | | | |

| | | | | |
|--------------------|----------------------------|------------------------------|------------------|--|
| Gender | Male <input type="radio"/> | Female <input type="radio"/> | Gender Identity | |
| Preferred Pronouns | she/her/hers | he/him/his | they/them/theirs | |

CONTACT INFORMATION - Priority 1

| | |
|----------------|---------------------------|
| Title | Mr / Mrs / Miss / Ms / Dr |
| Forename | |
| Surname | |
| E-Mail Address | |
| Mobile Number | |
| Home Number | |
| Work Number | |

| | | | |
|-------------|--|----------------|--|
| Mother | | Carer | |
| Father | | Other Relative | |
| Step Mother | | Other Contact | |
| Step Father | | Social Worker | |

| | | |
|-----------------------------------|---|---|
| Parental Responsibility for child | Y | N |
|-----------------------------------|---|---|

| | |
|---------|-----------|
| Address | Postcode: |
|---------|-----------|

CONTACT INFORMATION - Priority 2

| | |
|----------------|---------------------------|
| Title | Mr / Mrs / Miss / Ms / Dr |
| Forename | |
| Surname | |
| E-Mail Address | |
| Mobile Number | |
| Home Number | |
| Work Number | |

| | | | |
|-------------|--|----------------|--|
| Mother | | Carer | |
| Father | | Other Relative | |
| Step Mother | | Other Contact | |
| Step Father | | Social Worker | |

| | | |
|-----------------------------------|---|---|
| Parental Responsibility for child | Y | N |
|-----------------------------------|---|---|

| | |
|---------|-----------|
| Address | Postcode: |
|---------|-----------|

CONTACT INFORMATION - Priority 3

| | |
|----------------|---------------------------|
| Title | Mr / Mrs / Miss / Ms / Dr |
| Forename | |
| Surname | |
| E-Mail Address | |
| Mobile Number | |
| Home Number | |

| | | | |
|-------------|--|----------------|--|
| Mother | | Carer | |
| Father | | Other Relative | |
| Step Mother | | Other Contact | |
| Step Father | | Social Worker | |

| | | |
|-----------------------------------|---|---|
| Parental Responsibility for child | Y | N |
|-----------------------------------|---|---|

Work Number

Address

Postcode:

LUNCH OPTION

| | |
|--------------|--|
| Packed Lunch | |
| School Meal | |
| Free Meal | |

DIETARY REQUIREMENTS

| | | | | | |
|-------------|--|----------|--|-----------------|--|
| Gluten Free | | No Dairy | | Seafood Allergy | |
| Halal | | No nuts | | Vegetarian | |
| Kosher | | No Pork | | Other | |

LANGUAGE

| | | |
|-----------------------------------|-----|----|
| English is an additional language | YES | NO |
| First Language | | |

MEDICAL PRACTICE

| | |
|------------------|--|
| Garstang | |
| Galgate | |
| Dalton Square | |
| Queens Square | |
| King Street | |
| Great Eccleston | |
| Rosebank Surgery | |
| Other: | |

MEDICAL CONDITION RELIGION

| | |
|-------------|--|
| Asthma | |
| Diabetes | |
| Eczema | |
| Epilepsy | |
| Anaemia | |
| Arthritis | |
| Allergy to: | |
| Other: | |

| | |
|----------------|--|
| Buddhist | |
| Christian | |
| Hindu | |
| Jewish | |
| Muslim | |
| Sikh | |
| No religion | |
| Other Religion | |

ETHNICITY

| | | | |
|-----------------------|--|------------------|--|
| White British | | Bangladeshi | |
| White Irish | | Pakistani | |
| White/Asian | | Indian | |
| White/Black African | | Chinese | |
| White/Black Caribbean | | Any Other White | |
| Gypsy/Roma | | Any Other Black | |
| Traveller | | Any Other Ethnic | |
| Black Caribbean | | Any Other Asian | |
| Black African | | Any Other Mixed | |

NATIONAL IDENTITY

| | | | | | | | | | | | |
|---------|--|---------|--|-------|--|----------|--|-------|--|-------|--|
| British | | English | | Irish | | Scottish | | Welsh | | Other | |
|---------|--|---------|--|-------|--|----------|--|-------|--|-------|--|

PARAMEDICAL SUPPORT

Occupational Therapy

Physiotherapy

Speech Therapy

TRAVEL TO SCHOOL

| | | | |
|------------|--|--------------------|--|
| School Bus | | SERVICE NO: | |
| Public Bus | | Stagecoach 4/41/42 | |

| | |
|-----------|--|
| Car/Van | |
| Car Share | |

| | |
|-------|--|
| Cycle | |
| Walk | |

| | |
|-------|--|
| Taxi | |
| Other | |

BIOMETRIC CONSENT

| | |
|---|-------|
| I am happy for school to hold my child's Biometric Information <i>(this is for your child's lunch account)</i> | Y / N |
|---|-------|

IMAGE CONSENT

| | |
|---|-------|
| I am happy for my child's photo to be taken | Y / N |
| I am happy for my child's photo to be used in our marketing publi | Y / N |
| I am happy for my child's photo to be used on social media (ie. T | Y / N |

PUPIL PREMIUM

| | | |
|-------------------|-----|----|
| Free School Meals | Yes | No |
|-------------------|-----|----|

| | | |
|-------------------|-----|----|
| Adopted from Care | YES | NO |
|-------------------|-----|----|

| | | |
|---|-----|----|
| Defence & armed forces child in Education | Yes | No |
|---|-----|----|

Is a DUPLICATE COPY of your child's reports required to be sent to a Parent living at a separate address?

| | |
|----------------|---------------------------|
| Title | Mr / Mrs / Miss / Ms / Dr |
| Forename | |
| Surname | |
| E-Mail Address | |
| Mobile Number | |
| Home Number | |
| Work Number | |

| | |
|----------|--|
| Address | |
| Postcode | |

| | | | |
|-----------------------------------|---|--------|--|
| Father | | Mother | |
| Parental Responsibility for child | Y | N | |

SCHOOL HISTORY

| | | | | | |
|-----------------|--|------|--|----|--|
| Previous School | | From | | To | |
|-----------------|--|------|--|----|--|

I CERTIFY THE INFORMATION GIVEN IS CORRECT

Signed: _____

Date: _____