

# 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	Female

### CONTACT INFORMATION - Priority 1

Title	Mr / Mrs / Miss / Ms / Dr	Mother		Carer				
Forename		Father		Other Relative				
Surname		Step Mother		Other Contact				
E-Mail Address		Step Father		Social Worker				
Mobile Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Parental Responsibility for child</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 20%; text-align: center;">N</td> </tr> </table>				Parental Responsibility for child	Y	N
Parental Responsibility for child	Y					N		
Home Number								
Work Number								
Address		Postcode:						

### CONTACT INFORMATION - Priority 2

Title	Mr / Mrs / Miss / Ms / Dr	Mother		Carer				
Forename		Father		Other Relative				
Surname		Step Mother		Other Contact				
E-Mail Address		Step Father		Social Worker				
Mobile Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Parental Responsibility for child</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 20%; text-align: center;">N</td> </tr> </table>				Parental Responsibility for child	Y	N
Parental Responsibility for child	Y					N		
Home Number								
Work Number								
Address		Postcode:						

### CONTACT INFORMATION - Priority 3

Title	Mr / Mrs / Miss / Ms / Dr	Mother		Carer				
Forename		Father		Other Relative				
Surname		Step Mother		Other Contact				
E-Mail Address		Step Father		Social Worker				
Mobile Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Parental Responsibility for child</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 20%; text-align: center;">N</td> </tr> </table>				Parental Responsibility for child	Y	N
Parental Responsibility for child	Y					N		
Home Number								
Work Number								
Address		Postcode:						

**PLEASE TURN OVER**

**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	Y	N
First Language		

**MEDICAL PRACTICE**

Garstang	
Galgate	
Dalton Square	
Queens Square	
King Street	
Great Ecclestone	
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 (Catering)	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 public	Y	N
I am happy for my child's photo to be used on social media (ie. Twitter)	Y	N

**PUPIL PREMIUM**

Free School Meals	Y	N
-------------------	---	---

Adopted from Care	Y	N
-------------------	---	---

Defence & armed forces child in Education	Y	N
---	---	---

**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: \_\_\_\_\_