



STUDENT DATA COLLECTION SHEET

STUDENT PERSONAL INFORMATION					
LEGAL SURNAME			PREFERRED SURNAME		
LEGAL FORENAME			PREFERRED FORENAME		
MIDDLE NAME(S)			GENDER	MALE	FEMALE
YEAR / TUTOR GROUP			DATE OF BIRTH:		
HOME ADDRESS					
POSTCODE					

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	Majority of school correspondence including reports & letters is sent via email					

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	Majority of school correspondence including reports & letters is sent via email					

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	<i>If YES please give details:</i>		
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 & letters is sent via email</i>					

FAMILY LINKS				
SIBLING NAME AT WELLFIELD HIGH SCHOOL		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.

TITLE		FORENAME		SURNAME	
MOBILE			HOME		
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
MOBILE			HOME		
RELATIONSHIP TO CHILD					

MEDICAL INFORMATION						
MEDICAL PRACTICE						
ADDRESS						
TELEPHONE						
MEDICAL CONDITIONS <i>(Allergies, Asthma, Epilepsy, Diabetes)</i>						
Please add additional information <i>ie: Inhaler, Epipen</i>						
Has your child been immunised against the following diseases?						
Poliomyelitis	Y	N	Tetanus	Y	N	Date if known:
Is your child taking any regular medication?				Y	N	<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
<i>For Information regarding Free School Meals, please contact (01772) 531809</i>					

ETHNICITY			
ETHNICITY <i>ie. White British</i>			RELIGION
Home Language			Country of Birth
First Language			Nationality on Passport

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.

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 give details.

PREVIOUS SCHOOL

SCHOOL

ADDRESS

TELEPHONE

ANY OTHER COMMENTS

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 Wellfield High School. I also understand that any extension of insurance cover is my responsibility unless advised differently by Wellfield High School.

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 give consent to school staff to administer non-prescription medicine (e.g Paracetamol) in accordance with the school's Supporting Students with Medical Needs Policy and on condition that I/we have been contacted by telephone prior to each occasion of administration. I will inform the school immediately, in writing, if there are any changes in circumstances.
- I understand that I must deliver any non-prescription medicine personally to the General 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 school 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 Endeavour Learning Trust 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 school website.