

STUDENT DATA COLLECTION FORM

| | | | |
|--|-----------------------------|---|-----------------------------|
| START DATE: | | BASELINE TEST COMPLETED: YES / NO | |
| STUDENT INFORMATION | | | |
| Legal Surname: | | Legal Forename: | |
| Preferred Surname: (if different to above) | | Preferred Forename: (if different to above) | |
| Middle name: | | Date of birth: | |
| Name of previous school: | | Date from: | |
| Reason for leaving: | | Date to: | |
| Gender: | Male/Female | Home address: | |
| | | Postcode: | |
| Is your child a young carer? | Yes No | Is your child adopted? | Yes No |
| Is your child a looked after child (LAC)? | Yes No | Is your child entitled to free school meals (FSM)? | Yes No |
| <p>If yes to either of the above questions, please provide more details, including dates in relation to your child's adoption certificate, looked after status, or the date your child became a young carer;</p> | | | |

| | | |
|--|--|---|
| DOCUMENTS PROVIDED FOR PROOF OF IDENTITY: | | |
| Passport: <input type="checkbox"/> | Birth Certificate: <input type="checkbox"/> | Letter: <input type="checkbox"/> |
| Other: | | |

| | | | |
|--|--|--|--|
| PARENTAL RESPONSIBILITY – Please give details of all persons who have parental responsibility for the student named above. | | | |
| The person you list below will be the first person we try to contact: | | | |
| First name: | | Surname: | |
| Relationship to student: | | Home address: | |
| | | Postcode: | |
| Mobile number: A mobile phone number must be provided. | | Email address: An email address must be provided. | |
| Home number: | | | |

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| The person you list below will be the second person we try to contact: | | | |
|---|--|---------------|--------|
| First name: | | Surname: | |
| Relationship to student: | | Home address: | |
| Mobile number/ Home number: | | Postcode: | |
| Do both parents have Parental responsibility ? If not please detail below: | | | Yes/No |
| Is a court order in place to deny access to your child or their details? | | | Yes/No |
| If Yes, please give details: | | | |

| If we are unable to contact the people listed above, please give the details of who we should contact in an emergency : | | | |
|--|--|--------------------------------|--|
| Additional contact 1 | | | |
| Full name: | | Relationship to student: | |
| Home address: | | Mobile number/ Home number: | |
| Additional contact 2 | | | |
| Full name: | | Relationship to student: | |
| Home address: | | Mobile number/ Home number: | |

| SIBLINGS | | | |
|--|--------|---|---|
| Does your child have any siblings? | Yes/No | | |
| Do any siblings attend Fir Vale Academy? | Yes/No | If yes, name of sibling(s) Current year group: | If no, which school do they attend? Name of Sibling: |

TIMETABLE INFORMATION

| | |
|---|--|
| Y9/10/11 – What options did you choose at your previous school? | |
| Y9/10/11 – Have you already completed any GCSE's? | |
| Information on previous academic level/grades; | English: Maths: Science: |

SPECIAL EDUCATIONAL NEEDS

| | |
|------------------------------|--------|
| Does your child have any SEN | Yes/No |
| If yes, please give details | |

EXTERNAL AGENCIES

| | | | |
|---|--------|--|-------------------------|
| Are any external support agencies involved with your child? | Yes/No | If yes, please give the agency name and your contact at the agency | Agency: Contact: |
|---|--------|--|-------------------------|

PLEASE COMPLETE THE FOLLOWING SECTION IF YOUR CHILD HAS BEEN A UK RESIDENT FOR LESS THAN 5 YEARS

| | | |
|--|--|--|
| If you are new to the UK (within the last 5 years) please give date of arrival and immigration status if applicable. | | If refugee please provide ARC Reference: |
| Has your child ever attended any other school in the UK? If so, please give the school name and dates of attendance. | | |
| Please give your previous overseas address. | | |
| Country of Birth | | Country travelled from to arrive in UK |
| Experience of transition to UK (any trauma affected family / family isolated in UK / marginalised) | | |
| Educational experience (entry age to school, SEN, mainstream, positive/negative experience) | | |
| Any SEN/ Behaviour concerns | | |

MEDICAL INFORMATION

| | |
|--|--|
| Name of Medical Practice | |
| If the student has any allergies or medical condition(s) we should be aware of, please give details* | |

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|--|--------|-----------------------------------|--------|
| Does the student require medication? | Yes/No | Give details of medication: | |
| Should he/she wear glasses? | Yes/No | Does he/she suffer from epilepsy? | Yes/No |
| Does he/she suffer from hearing loss? | Yes/No | Does he/she suffer from asthma? | Yes/No |
| If you answered yes to any of the above please give details: | | | |
| | | | |
| Does he/she have a Medical Care Plan OR has had one previously | Yes/No | | |
| If Yes, please give further details | | | |
| <p>*If you have stated your child has a medical condition or illness please provide the Academy with medical evidence at your earliest convenience.</p> | | | |

| DIETARY REQUIREMENTS | | | | | |
|------------------------------|--|------------------|--|------------------------------|--|
| Vegetarian | | Halal | | Gluten Free | |
| Kosher foods only | | No dairy produce | | No nuts of any type/quantity | |
| Artificial colouring allergy | | Seafood allergy | | No pork | |

| SIGNATURE OF PARENT/CARER | |
|--|-------|
| <p>I, the undersigned, have parental responsibility for the above named student and have completed the information requested.</p> | |
| <p>I agree to inform the school as soon as possible of any changes to the details given above.</p> | |
| Parent/Carer signature: | Date: |

| STUDENT ETHNICITY, LANGUAGE, RELIGION AND TRAVEL | |
|---|--|
| Country of Birth | |
| Nationality (as on passport) | |
| What would you consider to be your first/home language? | |

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

The Information Commissioner recommends that young people aged 11 – 15 years have the opportunity to decide their own ethnic identity. However, the Department for Education believes that this is best done with the support and knowledge of their parent(s) or those with parental responsibility, in a family context. It is advised that pupils aged 16 or over should make their own decisions.

Please study the list below and tick **one box only** to indicate ethnic background. Please also tick to indicate who provided the information.

| STUDENT ETHNICITY | | | |
|----------------------------------|--|--------------------------------------|--|
| White – British | | Black – Caribbean | |
| White – Irish | | Black - Somali | |
| White Eastern European | | Other Black African | |
| Any other White background | | Any other Black background | |
| Traveller of Irish heritage | | White and Black African | |
| Gypsy/Roma | | White and Black Caribbean | |
| Indian | | White and Pakistani | |
| Pakistani | | White and any other Asian background | |
| Bangladeshi | | Any other mixed background | |
| Chinese | | Other ethnic group | |
| Yemeni | | African Asian | |
| Albanian | | Any other Asian background | |
| Asian and Chinese | | Black - African | |
| Asian and any other Ethnic group | | Asian and Black | |
| Any other Ethnic group | | Arab other | |
| Any other Asian background | | Afghan | |
| Black - Angolan | | Black - Congolese | |
| Black - Ghanaian | | Black - Nigerian | |
| Black – Sierra Leonean | | Black - Sudanese | |
| Black and Any Other Ethnic Group | | Black and Chinese | |
| Black European | | Black North American | |
| Bosnian- Herzegovinian | | Chinese and Any Other Ethnic Group | |
| Croatian | | Egyptian | |
| Filipino | | Greek | |
| Greek Cypriot | | Gypsy | |
| Hong Kong Chinese | | Iranian | |
| Iraqi | | Italian | |
| Japanese | | Kashmiri Other | |
| Korean | | Kosovan | |

STUDENT DATA COLLECTION FORM

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|--------------------------|--|---|--|
| Kurdish | | Latin/ South/ Central American | |
| Lebanese | | Libyan | |
| Malay | | Malaysian Chinese | |
| Mirpuri Pakistani | | Moroccan | |
| Nepali | | Other Asian | |
| Other Black | | Other Black African | |
| Other Chinese | | Other Ethnic Group | |
| Other Gypsy/Roma | | Other Mixed Background | |
| Other Pakistani | | Other White British | |
| Polynesian | | Portuguese | |
| Roma | | Serbian | |
| Singaporean Chinese | | Sri Lankan Other | |
| Sri Lankan Sinhalese | | Sri Lankan Tamil | |
| Taiwanese | | Thai | |
| Turkish | | Turkish Cypriot | |
| Turkish/ Turkish Cypriot | | Vietnamese | |
| White - Cornish | | White - English | |
| White - Northern Irish | | White - Scottish | |
| White - Welsh | | White and Any Other Ethnic Group | |
| White and Chinese | | White and Indian | |
| White European | | White Other | |
| White Western European | | I do not wish my ethnic background to be recorded | |

| STUDENT RELIGION | | | |
|----------------------|--|--|-----------|
| Church of England | | What would you consider to be your first language: | |
| Christian | | | |
| Muslim | | Information provided by: | Pupil |
| Roman Catholic | | | Parent |
| No Religion | | (For office use only) EAL student | Yes No |
| Other (please state) | | | |

Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Sheffield Children & Young People’s Service and the Department for Education to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

Parent/Carer Signature: **Date:**

Parent/Carer Name:

PARENTAL CONSENT FORM

| | | |
|---------------------|------------|---------------|
| Pupil's name | Year Group | Date of birth |
| Parent/Carer's name | | |

Fir Vale Academy requires you to read the Parental Policy Booklet and sign below to give your consent for the following:

| | YES /NO |
|--|---------|
| <p>USING YOUR CHILD'S IMAGE</p> <ol style="list-style-type: none"> 1. Use of your child's photograph in printed publications that Fir Vale Academy or United Learning produce for promotional purposes or on display boards. 2. Use of your child's image on our website and social media sites. 3. For teaching and learning purposes. 4. To take images of pupils, individually or in groups, as part of the school's record and identification purposes, and as a service for parents. 5. Record your child's image on video or webcam. 6. Permission for your child to appear in the media. | |
| <p>BIOMETRIC INFORMATION</p> <p>The school uses a cashless system for pupils to pay for food in the dining area. Pupils access their money with a biometric system (the system generates a unique code from the pattern on one of their fingers).</p> <p>Both you and your son/daughter give your consent for us to electronically store the code generated from the finger pattern and use this for catering payment.</p> | |
| <p>INTERNET AND WIFI ACCEPTABLE USE POLICY</p> <p>You and your son/daughter have read and understood the details of our Internet Acceptable Use Policy contained in the Parental Consent Policies booklet.</p> | |
| <p>SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES</p> <p>I am happy for my child to take part in local school trips and other activities that take place off school premises; and to be given first aid or urgent medical treatment during any school trip or activity; and to take part in activity sessions on site that include (but not exclusively) inflatables, climbing walls and similar adventurous activities.</p> <p>I consent to my child travelling by any form of public transport and/or in a vehicle driven by the party leader or any other adult member of the party authorised by law and duly insured to drive.</p> | |
| <p>ACCIDENT/ILLNESS</p> <p>I give my consent for my child to receive medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present. I understand I am responsible for informing the Academy of any changes to my child's health.</p> | |

PERSONAL EFFECTS OF THE PUPIL

I understand that my child is responsible for the safety of his/her own money and personal effects. I will not hold the Academy responsible for losses unless caused by the negligence of the Academy.

ADVERSE WEATHER

I understand that in adverse weather conditions my child will be sent home following a text message home.

I grant permission for you to capture images of my child for use in publicity and school communications by Fir Vale Academy and United Learning. I confirm that I have read the privacy notice, and I understand that it may not always be possible to recall existing images of my child from circulation if I withdraw consent at a later date.

Pupil Name:

Parent/Carer name:

Relationship to child:

You have the right to withdraw consent at any time. You can do so by contacting the school on 0114 2439391 you withdraw your consent, no further images of the pupil concerned will be captured for use in publicity.

I confirm I have read and understood the Fir Vale Academy Parental Consent Policy booklet.

Your consent is valid for the period of time your child attends this Academy.

Signed.....
(Parent/Carer)

Date

Signed.....
(Pupil)

Date.....

IF YOU DISAGREE OR DO NOT CONSENT TO ANY OF THE ABOVE PLEASE STATE WHICH AND EXPLAIN WHY.

THIS FORM MUST BE RETURNED TO THE ACADEMY

All information relating to this form will be retained by Attendance team at Fir Vale Academy. An electronic copy will be kept on our school system and destroyed as per our data retention policy.