

Student Data Collection Form

Student Information			
Legal Surname:		Legal Forename:	
Preferred Surname: (if different to above)		Preferred Forename: (if different to above)	
Middle name:		Date of birth:	
Gender:		Home address:	
Email address:		Postcode:	

Parental responsibility – Please give details of all persons who have parental responsibility for the student named above, even if they don't live at the same address as the student.			
The person listed below will be the first person we try to contact:			
First name:		Surname:	
Relationship to student:		Home address:	
We send important information by text and email)	Mobile number:	Postcode:	
	Email address:		
The person listed below will be the second person we try to contact:			
First name:		Surname:	
Relationship to student:		Home address:	
Mobile number:		Postcode:	

All persons with parental responsibility will receive communication to their mobile phone via the Arbor App. We will send important information by email or in-app message by the Arbor app. Please ensure you download the Arbor App to your mobile phone.

If we are unable to contact the people listed above, please give details of someone else who we should contact in an emergency:			
Full name:		Relationship to student:	
Home address:		Mobile number/ Home number:	
Do you give permission for this person to collect your child from school if we cannot contact the people listed above with parental responsibility? Yes / No			

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Siblings			
Do any siblings attend Sheffield Springs Academy?	Yes/No	If yes, name of sibling: Current year group:	

Court Order And External Agencies			
Is a court order in place to deny access to your child or their details?	Yes/No	If yes, please give details:	
Are any external support agencies involved with your child?	Yes/No	If yes, please give the agency name and your contact at the agency name the agency/agencies involved:	Agency: Contact: 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, give the school name and dates of attendance			
Please give your previous overseas address.			
County of birth		Country travelled from to arrive in the 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:		Medical Practice Address:	
Does the student have any allergies or medical condition(s) we should be aware of?	Yes/No	If yes, please give details:	
Does the student require medication?	Yes/No	If yes, please give details (name of medicine, dosage and frequency)	
Are there any symptoms we need to be aware of?	Yes/No	If yes, please give details:	
Has your child been diagnosed with asthma and do they have a prescribed reliever inhaler?	Yes/No	Does your child have a working, in-date inhaler which is clearly labelled,	Yes/No

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		and they have been advised to always keep it with them?	
We hold emergency salbutamol inhalers in the academy for the use of students diagnosed with asthma and whose prescribed inhaler is not available for various reasons in the event of an emergency. Do you give consent for your child to receive emergency salbutamol? Yes/No			

Dietary Requirements					
Vegetarian		Halal		Gluten Free	
Kosher foods only		No dairy produce		No nuts of any type/quantity	
Seafood allergy		No pork		Artificial colouring allergy	

Travel Arrangements - Please Tick ONE Box To Indicate Your Child's Usual Way Of Travelling To School									
Walk		Bus		Car		Bicycle		Taxi	

Declaration Of Parent/Carer	
I, the undersigned, have parental responsibility for the above-named student and have completed the information requested to the best of my knowledge. I agree to inform Sheffield Springs Academy as soon as possible of any changes to the details given on this form.	
Parent/carer signature:	Date:
Parent/carer name (IN CAPITALS):	

The data given on this form will be used, stored securely and retained as detailed in the Pupil and Parent Privacy notice for Sheffield Springs Academy (see Sheffield Springs Academy Website/About Us/Policies/Privacy Notice).

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Student Ethnicity, Language and Religion Data Collection

Student first Name:		Student last name:	
Country of Birth:		Nationality (as on passport):	

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.

Tick this box if you do not wish to provide the information requested on this form:

Please tick **one box only** to indicate ethnic background.

White – British	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Black - Somali	<input type="checkbox"/>
White Eastern European	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Traveller of Irish heritage	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Pakistani	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White and any other Asian background	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Yemeni	<input type="checkbox"/>	I do not wish my ethnic background to be recorded	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		

Church of England	<input type="checkbox"/>	What would you consider to be your first language?	
Christian	<input type="checkbox"/>		
Muslim	<input type="checkbox"/>	Information provided by:	Pupil / Parent
Roman Catholic	<input type="checkbox"/>		
No Religion	<input type="checkbox"/>	(For office use only) EAL student	Yes / No
Other (please state)	<input type="checkbox"/>		
I do not wish for my religion to be recorded	<input type="checkbox"/>		

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 (IN CAPITALS):