

Data Collection Sheet

Please complete all sections on this form

Pupil Information



Legal Surname		Preferred Surname	
Legal Forename		Preferred Forename	
Middle Name			
Date of Birth		Gender	
Home Address			
Postcode			
Home Telephone Number		Student Telephone Number	
Family links please list any siblings your child has currently attending Gospel Oak School			
Previous School			
Ethnicity		First Language	
Religion		Home Language	
Country of Birth		Nationality	
Does your child speak any other language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, Language Spoken

**All schools are required by the DfE to collect information on pupils' country of birth and nationality. This data is to be provided by the parents but is optional. If this data is not provided it will be recorded as 'refused'. If you have previously submitted this data, you have the right to retract this information. Please inform the school if you decide to retract this data.*

Medical / Personal Information

Medical Practice	
Medical Practice Address	
Telephone Number	
Does your child suffer from any allergies or medical conditions? If so, please provide details	
Has your child received an anti-tetanus immunisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been in care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child adopted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child part of the traveller community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child a young carer	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent Information and Emergency Contacts

Please provide details of all persons who have parental responsibility for this pupil and anyone else who could be contacted should an emergency arise. If you are entering someone else's personal details, you are agreeing that you have permission from these people for their data to be held on the school's management information system.

Priority Contact 1

Title	Mr / Mrs / Miss / Other		
Full Name			
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to the child
Can collect child from school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Address if different to the child			Postcode
Mobile Telephone Number			Home Telephone Number
Email Address			

Priority Contact 2

Title	Mr / Mrs / Miss / Other		
Full Name			
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to the child
Can collect child from school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Address if different to the child			Postcode
Mobile Telephone Number			Home Telephone Number
Email Address			

Priority Contact 3

Title	Mr / Mrs / Miss / Other		
Full Name			
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to the child
Can collect child from school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Address if different to the child			Postcode
Mobile Telephone Number			Home Telephone Number
Email Address			

Priority Contact 4

Title	Mr / Mrs / Miss / Other		
Full Name			
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to the child
Can collect child from school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Address if different to the child			Postcode
Mobile Telephone Number			Home Telephone Number
Email Address			

Consent

We use images of pupils as part of school displays and newsletters, on the school's website, on social media and for publicity purposes in printed publications, such as newspapers.

From time to time, our school may be visited by local media and press, who take images of school events. Pupils may appear in these images, and these may be published in local or national newspapers, or on approved websites.

Where any organisations other than those above intend to use images of your child, additional consent will be sought before any image is used.

To comply with the General Data Protection Regulations (GDPR), we need your consent to take images of your child and use them in the ways described above. Please tick either 'Yes' or 'No' for each criterion below, then sign and date the form (overleaf) and return to the school.

I give permission for my child's image to be used on the school website and Central Region Schools Trust website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child's image to be used on the school's social media pages, e.g. Twitter, Facebook	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child's image to be used in marketing materials, e.g. school brochures, prospectus, banners, newsletters, presentations, films, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child's image to be used in the local newspaper	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child's image to be used in national newspapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my child's image to be used within school for display purposes that might be seen by visitors	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- I understand that there may be occasions when my child may be taken by a member of staff in his/her car to hospital/home/activities.
- I, as the parent/carer, give permission for my child's details to be shared with Connexions and UniFrog (careers).
- I consent for my child to participate in age appropriate sexual health and relationships education.

This form is valid from the date of signing until your child leaves the school. Photographs and videos used for publicity purposes may continue to remain in circulation after your child has left school. Parents have the right to withdraw their consent at any time but it may not be possible to remove images that are already in circulation or have already been published although every effort will be made to do so. If you would like to withdraw your consent, you must submit your request in writing to the Principal.

Name of Pupil:		Year:	
Name of Person with Parental Responsibility (please print):			
Signature:			
Date:			

Marketing Communications

We will use your email address and mobile phone number to alert you of important school information. Occasionally we may want to send marketing communications* and these will only be sent to the priority 1 contact.

*Marketing communications are sent in accordance with the General Data Protection Regulation (GDPR) and the Privacy and Electronic Communications Regulation (PECR).

The General Data Protection Regulation and data Protection Act 2018

Central Region Schools Trust is registered with the ICO under the Data Protection Regulations 2018 for holding personal data. All information provided will be held, processed and disclosed in accordance with the school's data protection policy and privacy notices. Please see our website for further details.

Declaration

I declare that I am the legal parent/carer of the child named on this form. I understand that it is the parent/carer's responsibility to keep the school informed of any changes that occur during the year.

Signature:

Print Name:

Date:

Consent Form

IMPORTANT – MUST BE RETURNED



As per current legislation, we require the consent of at least one parent in order that the biometric information of your child can be processed. Please be assured that this information remains within the school and that the biometric information taken is an algorithm and not the actual fingerprint.

If you choose not to have your child registered, the school will provide alternative methods of identification such as a 4 digit PIN code. The preference of the school is to use biometrics as this is more secure and faster than any other method of identification and we appreciate your co-operation with regard to this matter.

Student Name:

I **do** wish for my child to be registered on the school's Biometric Cashless Catering System with immediate effect.

I **do not** wish for my child to be registered on the school's Biometric Cashless Catering System with immediate effect.

****Please tick the appropriate box above***

I understand that I may withdraw my child's registration at any time in writing.

Name of Parent / Guardian:	
Relationship to Child:	
Signature:	
Date:	