

# The South Wolds Academy and Sixth Form DATA COLLECTION SHEET



To be completed by parents/carers only

Please email [office@southwolds.uk](mailto:office@southwolds.uk) if, after completing this form, if there is a change to details

## A: Personal information

Legal surname of child ( <i>as appears on birth certificate</i> ):	<input type="text"/>
Preferred surname by which your child is known ( <i>if different from above</i> ):	<input type="text"/>
Legal forename(s) ( <i>as appears on birth certificate</i> ):	<input type="text"/>
Preferred forename by which your child is known ( <i>if different from above</i> ):	<input type="text"/>
Middle name(s) ( <i>as appears on birth certificate</i> ):	<input type="text"/>
Date of birth: <input type="text"/>	Gender: <input type="text"/>

Previous school:

Name and tutor group of brother(s) / sister(s) at South Wolds:

## B: Full name(s) of parent(s) / carer(s) and their home address(es)

**This section is for parents/carers only; there is space for additional contacts in the next section. Please ensure that you provide at least TWO emergency contacts and an email address and mobile number for all parents/carers who wish to receive school communications. We require a minimum of 2 emergency contacts for safeguarding reasons. If you only provide details of one parent/carer in this section, you MUST provide another contact (eg another relative or family friend) in the next section.**

Title: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	
Post code: <input type="text"/>	Home telephone: <input type="text"/>
Relationship to child: <input type="text"/>	Mobile: <input type="text"/>
Parental responsibility: <input type="text"/>	Work telephone: <input type="text"/>
Email address for school communications: <input type="text"/>	
Main address for child? <input type="text"/> Yes/No	Emergency contact? <input type="text"/> Yes/No

Title: <input type="text"/>	<input type="text"/>
Address: <input type="text"/>	
Post code: <input type="text"/>	Home telephone: <input type="text"/>
Relationship to child: <input type="text"/>	Mobile: <input type="text"/>
Parental responsibility: <input type="text"/>	Work telephone: <input type="text"/>
Email address for school communications: <input type="text"/>	
Main address for child? <input type="text"/> Yes/No	Emergency contact? <input type="text"/> Yes/No

## Other contacts

Name: <input type="text"/>	Home telephone: <input type="text"/>
Relationship to child: <input type="text"/>	Mobile: <input type="text"/>

Continued/...

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Name:	<input type="text"/>	Home telephone:	<input type="text"/>
Relationship to child:	<input type="text"/>	Mobile:	<input type="text"/>

## C: Medical information

Medical Practice:

Medical information that may be required by the school (e.g. asthma; problems with speech; hearing; sight; diabetic; allergies; ongoing treatments etc):

«Medical\_information\_that\_may\_be\_required»

Has your child ever had any kind of brain injury - concussion, traumatic brain injuries from fall/accidents, illnesses (eg brain tumours or stroke), infections (eg meningitis or encephalitis):

If you answered "Yes" to above, please give details.

«If you answered Yes to the previous qu»

## D: Nationality and ethnicity

Ethnic group:

Religion:

Is English the child's first language?  If no, please specify:

## E: Additional information required

Is the child entitled to Service Pupil Premium?   
*For clarification on current criteria, please see the government website.*

Does your child have a disability or any SEN?

Is your child eligible for Free School Meals?   
*If you would like further information please call The Contact Centre at Nottinghamshire County Council on 0300 500 80 80 (please have your National Insurance number to hand).*

## Biometric and Other Data Consent Declaration

I/We give permission for our child's biometric data to be used for cashless catering	Yes/No
I/We give permission for our child's biometric data to be used for the library	Yes/No
I/We give permission for our child's photograph to be used for school publications	Yes/No
I/We give permission for our child's photograph to be used on the school website	Yes/No
I/We give permission for our child's photograph to be used on school social media	Yes/No
I/We give permission for our child's photograph to be used on school display boards including those located at local primary schools	Yes/No

## Signature

Name of person completing form:

(Parent/Carer) Date: