

For Office use only: Date Form Received (DD/MM/YYYY)

Date of SIMS Entry (DD/MM/YYYY)

Staff Initials

Data Collection Sheet

Please complete and return to the school office

The information you provide on this form is used, stored and retained in-line with our data privacy notice as attached

Your child's details:

Surname:	Legal Surname:	
Forename:	Middle name(s):	
Preferred name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/> Gender:	Date of Birth:
Address: (including postcode)	Home Telephone:	
Free school meals: is your son/daughter currently in receipt of a free school meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Children: is either Parent a serving member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Adoption: Is your son/daughter adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please contact the school if you would like to discuss this further		
If your son/daughter is adopted please let us know if this was: <input type="checkbox"/> a private adoption <input type="checkbox"/> Adoption from care		

Special Educational Needs

Please let us know if your child has Special Educational Needs

SEND SUPPORT

EHCP

EHCP (Statutory Assessment)

Disability

Do you consider your child to have a disability? ☐ Yes ☐ No

If Yes please give details (continue on a separate sheet if necessary)

Linked Agencies

It is important that all agencies who are working with a child, work together to ensure the best outcome for that child. In order to do that, please identify any other agencies working with your child for example Social Care (i.e. Social Services)*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below:

* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child. e.g. Gloucestershire etc.

Child In Care ☐ Local Authority responsible for child:

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Ethnicity (please tick as appropriate)

<input type="checkbox"/> Any other Asian background <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black –African <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy	<input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Indian <input type="checkbox"/> Other Mixed background <input type="checkbox"/> Other White British <input type="checkbox"/> Pakistani <input type="checkbox"/> Refused <input type="checkbox"/> Roma <input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> White English <input type="checkbox"/> White Irish <input type="checkbox"/> White Scottish <input type="checkbox"/> White Welsh <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Chinese	<input type="checkbox"/> White Eastern European <input type="checkbox"/> White Other <input type="checkbox"/> White Western European
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I do not wish an ethnic background category to be recorded ☐**First Language** (please tick as appropriate)

<input type="checkbox"/> Akan/Twi-Fante <input type="checkbox"/> Albanian/Shqip <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Bengali (Sylheti) <input type="checkbox"/> British Sign Language <input type="checkbox"/> Caribbean Creole English <input type="checkbox"/> Caribbean Creole French <input type="checkbox"/> Chinese <input type="checkbox"/> Cornish	<input type="checkbox"/> Danish <input type="checkbox"/> Dutch/Flemish <input type="checkbox"/> English <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> Gaelic (Scotland) <input type="checkbox"/> Gaelic (Irish) <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi <input type="checkbox"/> Igbo <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Lingala <input type="checkbox"/> Luganda <input type="checkbox"/> Manx Gaelic <input type="checkbox"/> Norwegian <input type="checkbox"/> Panjabi	<input type="checkbox"/> Pashto/Pakhto <input type="checkbox"/> Persian/Farsi <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romany/English Romanes <input type="checkbox"/> Russian <input type="checkbox"/> Serbian/Croatian/Bosnian <input type="checkbox"/> Sinhala <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili/Kiswahili	<input type="checkbox"/> Swedish <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Tamil <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Welsh/Cymraeg <input type="checkbox"/> Yoruba
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Home Language (please tick as appropriate)

<input type="checkbox"/> Akan/Twi-Fante <input type="checkbox"/> Albanian/Shqip <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Bengali (Sylheti) <input type="checkbox"/> British Sign Language <input type="checkbox"/> Caribbean Creole English <input type="checkbox"/> Caribbean Creole French <input type="checkbox"/> Chinese <input type="checkbox"/> Cornish	<input type="checkbox"/> Danish <input type="checkbox"/> Dutch/Flemish <input type="checkbox"/> English <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> Gaelic (Scotland) <input type="checkbox"/> Gaelic (Irish) <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi <input type="checkbox"/> Igbo <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Lingala <input type="checkbox"/> Luganda <input type="checkbox"/> Manx Gaelic <input type="checkbox"/> Norwegian <input type="checkbox"/> Panjabi	<input type="checkbox"/> Pashto/Pakhto <input type="checkbox"/> Persian/Farsi <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romany/English Romanes <input type="checkbox"/> Russian <input type="checkbox"/> Serbian/Croatian/Bosnian <input type="checkbox"/> Sinhala <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili/Kiswahili	<input type="checkbox"/> Swedish <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Tamil <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Welsh/Cymraeg <input type="checkbox"/> Yoruba
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EAL: English is a Second Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please contact the school if you would like to discuss this further
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Religious Affiliation (please tick as appropriate)

<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian/Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion <input type="checkbox"/> Other Religion
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I do not wish a religious category to be recorded ☐

Please give details of all persons you wish to be contacted in an emergency, in the order in which they should be contacted

Parent/Contact 1 Details (REQUIRED)

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	Forename:
Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Are you the 'Parent' : please tick to indicate which of the following applies:

<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Social Worker <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact – Please specify relationship to child
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Telephone Numbers:

Home:	Mobile:
Work: (Place of work and number)	Other:

Email:

Home:

Address (if different from the address given for the child)

Does this person have Parental Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Birth Mother* <input type="checkbox"/> Birth Father* <input type="checkbox"/> Female Partner (Not Birth Mother) <input type="checkbox"/> Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)	Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If a court order is in place a copy should be provided to the school office or the DSL)
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***Parental Responsibility**

A child's birth Mother (the person who carried the child) unless removed by an adoption order

Child's father – If mother and father were married at the time of birth, if not father must have gained parental responsibility by registering the child's birth jointly with the mother, by subsequently marrying the child's mother, through a 'parental responsibility agreement' between him and the child's mother which is registered with the court or by obtaining a court order for parental responsibility

Female Partner – (Female Parents, child conceive through fertility treatment) Treated the same as birth father, if not married or in a civil partnership at the time of birth.

Correspondence option - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations. Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports

☐ Yes ☐ No

All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes

Signature of Parent:	Date:
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Parent/Contact 2 Details (REQUIRED)

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	Forename:
Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Relationship to child: please tick to indicate which of the following applies:

<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Step Father	<input type="checkbox"/> Childminder
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Carer
<input type="checkbox"/> Other Contact – Please specify relationship to child	

Telephone Numbers:

Home:	Mobile:
Work: (Place of work and number)	Other:

Email:

Home:

Address (if different from the address given for the child)

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<p>Does this person have Parental Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Birth Mother*</p> <p><input type="checkbox"/> Birth Father*</p> <p><input type="checkbox"/> Female Partner (Not Birth Mother)</p> <p><input type="checkbox"/> Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)</p>	<p>Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If a court order is in place a copy should be provided to the school office or the DSL)</p>
<p>Correspondence option - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations. Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes</p>	
Signature of Parent:	Date:

Parent/Contact 3 Details (Optional)

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	Forename:
Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Relationship to child: please tick to indicate which of the following applies:

<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Step Father	<input type="checkbox"/> Childminder
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Carer
	<input type="checkbox"/> Other Contact

Telephone Numbers:

Home:	Mobile:
Work: (Place of work and number)	Other:

Email:

Home:

Address (if different from the address given for the child)

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Does this person have Parental Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Birth Mother* <input type="checkbox"/> Birth Father* <input type="checkbox"/> Female Partner (Not Birth Mother) <input type="checkbox"/> Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)	Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If a court order is in place a copy should be provided to the school office or the DSL)
Correspondence option - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations. Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <i>All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes</i>	
Signature of Parent:	Date:

Parent/Contact 4 Details (Optional)

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	Forename:
Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Relationship to child: please tick to indicate which of the following applies:

<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Step Father	<input type="checkbox"/> Childminder
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Carer
	<input type="checkbox"/> Other Contact

Telephone Numbers:

Home:	Mobile:
Work: (Place of work and number)	Other:

Email:

Home:

Address (if different from the address given for the child)

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<p>Does this person have Parental Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Birth Mother*</p> <p><input type="checkbox"/> Birth Father*</p> <p><input type="checkbox"/> Female Partner (Not Birth Mother)</p> <p><input type="checkbox"/> Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)</p>	<p>Is there a court order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If a court order is in place a copy should be provided to the school office or the DSL)</p>
<p>Correspondence option - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations</p> <p>Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes</i></p>	
Signature of Parent:	Date:

(Continue on a separate sheet if necessary)