

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):	
Chosen name:		Gender: F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/>	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		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	
Please contact the school if you would like to discuss this further			

Special Educational Needs

Please let us know if your child has Special Educational Needs (i.e. has a statement for Special Education Needs or an Education and Healthcare Plan (EHCP) or is currently being assessed. Yes No Currently being assessed

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:

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* 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"/> Gypsy/Roma	<input type="checkbox"/> White English	<input type="checkbox"/> White Eastern European
<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Indian	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other
<input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> Other Mixed background	<input type="checkbox"/> White Scottish	<input type="checkbox"/> White Western European
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other White British	<input type="checkbox"/> White Welsh	
<input type="checkbox"/> Black –African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Black – Caribbean	<input type="checkbox"/> Refused	<input type="checkbox"/> White and Black African	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Roma	<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> Gypsy	<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> White and Chinese	

I do not wish an ethnic background category to be recorded **Home Language** (please tick as appropriate)

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

EAL: English is a Second Language? Yes No Please contact the school if you would like to discuss this further**Religious Affiliation** (please tick as appropriate)

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Christian/Catholic	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> No Religion
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other Religion

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

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

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact
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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)

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Does this person have Parental Responsibility? Yes No

Is there a court order relating to this child? Yes 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 who is 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"/> Mother	<input type="checkbox"/> Foster Mother
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Father
<input type="checkbox"/> Other Family Member	<input type="checkbox"/> Childminder
<input type="checkbox"/> Other Relative	<input type="checkbox"/> Carer
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other Contact
<input type="checkbox"/> Step Father	
<input type="checkbox"/> Step Mother	

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? Yes No**Is there a court order relating to this child?** Yes 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 who is 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 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"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact
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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)

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Does this person have Parental Responsibility? Yes No**Is there a court order relating to this child?** Yes 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 who is 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 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"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact
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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)

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Does this person have Parental Responsibility? Yes No**Is there a court order relating to this child?** Yes 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 who is 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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(Continue on a separate sheet if necessary)