

ST. JOSEPH'S CATHOLIC PRIMARY- WORCESTER

'following Jesus in all we do'

DATA COLLECTION

The GDPR is based on data protection principles that our school **must** comply with.

All data **must** be collected for specified, explicit and legitimate purposes. It must be accurate and, where necessary, kept up to date and be processed in a way that ensures it is appropriately secure

The information that you enter on this form is required for the efficient organisation of the school and all children's educational needs. It will be kept on the SIMS database under restricted access and is subject to the provisions of the GDPR May 2018. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where the law or an emergency necessitates a disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, will you please notify the school in writing.

Child's Legal Surname:.....**Chosen Surname:**.....

Forename.....**At Home I am Called:**.....

Middle name(s): **Date of Birth:**

Address:.....

..... **Post Code**.....

Telephone No

PARENTAL RESPONSIBILITY

The following individuals have parental responsibility for the above named child:

Name:	
Address:	
Name:	
Address:	

LEGAL CONTACT

The following individuals are authorised to have legal contact with the above named child:

Name:	
Address:	
Name:	
Address:	

Does your child live solely with you? **YES** **NO**

If **no**, please give details of name, address and days your child spends with another person:

Name:	
Address:	
Days spent elsewhere:	

EMERGENCY CONTACT DETAILS

Please give details of all persons who have responsibility for this pupil and anyone else who could be contacted should an emergency arise when you are unavailable. You may use the Contact Priority (1-3) to indicate the preferred order in which contacts should be attempted in an emergency. Relationship should be shown as Grandparent, Aunt etc.

Parent Details – Contact Priority No:

Surname.....Forename.....Title.....

Parent Date of Birth:.....

Day Phone No.....Day Place.....

Home Address.....

Email:
(Please print clearly)

Relationship.....

Parent Details – Contact Priority No:.....

Surname.....Forename.....Title.....

Parent date of Birth:.....

Day Phone No.....Day Place.....

Home Address.....

Email:
(Please print clearly)

Relationship.....

Other Contacts – Contact Priority No:.....

Surname.....Forename.....Title.....

Day Phone No.....Day Place.....

Home Address.....

Relationship.....

Travel Arrangements – Please tick appropriate box

- Bicycle Car Public Transport School Coach
 Taxi Train Walks

Dinner Arrangements – Please tick appropriate box

- Free Meal Home School Meal Off-Site
 Sandwiches

Siblings – If there are older brothers and sisters in the school, please give the name and present year group of the next oldest child:

.....

Position in Family (e.g. 2 of 3).....

Date and Place of Baptism:.....

(Please include a copy of the Baptism Certificate if not already forwarded to the school)

Birth Certificate

A copy of your child's Birth Certificate must be submitted to the school office.

- I have enclosed a copy of my child's Birth Certificate

Signed.....Parent/Carer

ETHNIC INFORMATION

In line with the Early Years Foundation Stage Statutory Framework guidance on documentation and in our aim to ensure equality of opportunity, we kindly ask you to complete the following:

Please tick the appropriate boxes:-

Child's Country of Birth:

Nationality:

Ethnicity	Home Language	Religion
British	Bengali	Baptist
Irish	Cantonese	Other Christian
Traveller of Irish Heritage	English	Church of England
Gypsy/Roma	Greek	Greek Orthodox
Any other white background	Gujurati	Hindu
White/Black Caribbean	Hindu	Jewish
White/Black African	Italian	Jehovah's Witness
White/Asian	Punjabi	Methodist
Any other mixed background	Portuguese	Muslim
Indian	Spanish	No Religion
Pakistani	Turkish	Roman Catholic(Baptised)
Bangladeshi	Urdu	Sikh
Any other Asian background	Other (specify)	United Reform Church
Black Caribbean	Polish	Other (specify)
African		
Any other Black background		
Chinese		
Any other ethnic background		

Educational History

Playgroups/Nursery/School attended	Address	Date of Admission/Leaving

Does your child have Special Educational Needs and or Disabilities under the Special Educational Needs and Disability Code of Practice 0 to 25 Years 2014

YES **NO**

If the answer is yes, please tick the appropriate box:-

- SEN Support in the Early Years Setting**
- SEN Support in Primary School Setting**
- Educational Health Care Plan**

Please indicate the area of need:

- Speech and Language Difficulties**
- Communication and Interaction Difficulties**
- Moderate Learning Difficulties**
- Severe Learning Difficulties**
- Specific Learning Difficulties**
- Social and Emotional Difficulties**
- Sensory and/or physical Needs**

Is your child looked after by a Local Authority?

YES **NO**

If yes, please name the Local Authority:-

MEDICAL DETAILS

Doctor's Name:	
Surgery Address:	
Surgery Telephone Number:	
Health Visitor	

Any special medical notes/allergies/special diets/other requirements:

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If your child has asthma or is on long term medication, as part of our medical conditions policy and procedures, please complete the enclosed separate form.

Signed: (Parent/Guardian)

Date:

Medical Details

Allergies

Does your child have any allergies? yes / no

if yes, please give details of the cause and the reactions

.....
.....
.....

Dietary requirements

Does your child have any special dietary requirements? yes / no

if so, please give details

.....
.....
.....

Medical conditions

Does your child have any current medical conditions or needs? yes / no

if yes, please give details

.....
.....
.....

Immunisations

Has your child had any of the following immunisations? (please tick and date)

meningitis c

diphtheria

hib

mmr

poliomyelitis

tetanus

whooping cough

EMERGENCY CONSENT

1. Children are not insured by the County Council against personal accidents. Personal Accidents Insurance can be arranged for pupils taking part in educational and youth visits and the staff will give advice about a policy which is designed specifically for such parties. The policy covers personal accident, loss of personal effects, medical expenses and the cost to parents of visiting anyone who may be detained in hospital away from home.
2. The County Council accepts no responsibility for accidents or injury to pupils or for loss or damage of personal effects, unless the cause is the negligence of the County Council or any member of its staff.
3. Parents should give staff current telephone numbers at which they can be contacted in case of an emergency, in particular when urgent medical treatment may be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their children when necessary **should sign the form below.**

PLEASE GIVE DETAILS OF ANY MEDICATION YOUR CHILD REGULARLY USES:

.....
.....
.....

I agree that medical and dental treatment may be given to my son/daughter
.....(full name), if necessary, including the
administration of a general anaesthetic and to surgical operations in the case of an emergency,
in accordance with the recommendation of a qualified medical practitioner.

Signed: Date:

Contact Names and Phone numbers:

1.
2.
3.

Parents have responsibility for informing us of any changes to the above.

Child's Name:

This form does not cover off-site visits, you will be required to complete a medical/permission form for each out of school visit.

COLLECTION

PARENTAL PERMISSION FOR COLLECTION OF CHILD

CHILD'S NAME:.....

The following individuals are authorized to collect the above named child on my/our behalf:

Name:	
Address:	
Home telephone number:	
Mobile telephone number:	

Name:	
Address:	
Home telephone number:	
Mobile telephone number:	

Name:	
Address:	
Home telephone number:	
Mobile telephone number:	

Name:	
Address:	
Home telephone number:	
Mobile telephone number:	

Signed:(Parent/Guardian) Date:

CONSENT FORM

CHANGING CHILDREN

Child's Name.....

I/we give permission for the Reception Staff to change my child's clothing including underwear if necessary (in case of water play/ toilet accident etc).

Signed:Date:

Thankyou for completing this form; it is so important that we have all of this information as part of our safeguarding policy and procedures. The safety of your children is paramount.