

SIMS STUDENT DATA CHECKING SHEET

PLEASE COMPLETE ALL SECTIONS OF THE FORM



STUDENT DETAILS

Please note that the student's name **MUST** be as on their Birth Certificate.

SURNAME:

FORENAME:

LEGAL SURNAME (if different):

CHOSEN NAME:

MIDDLE NAME(S):

(MALE/FEMALE):

DATE OF BIRTH:

ADDRESS:

POST CODE:

HOME TEL. No. (Inc. STD)

SIBLINGS: If there are older brothers or sisters in the School, please give name(s) and year group(s)

PARENTAL/CONTACT DETAILS

Please enter full details of all parents who have legal responsibility for the student, whether living at the same address or not, and including step-parents. (N.B. Parents who have parental responsibility and live at a separate address, will be sent a second copy of reports). Please also give details of other people who can be contacted to help in case of emergency, using the Contact Priority 1 – 4, to show the preferred order in which contact should be attempted. "Relationship" should be Mother/Father/other relative etc.

Surname:	Title
Forename:	
Contact Priority No.	Gender
Home address:	
.....	
Home Tel. No:	
Mobile Phone No:	* Text Y/N
Day Tel. No:	
Day Place	
Email Address.....	
Parental Responsibility - YES/NO	Relationship

Surname:	Title
Forename:	
Contact Priority No.	Gender
Home address:	
.....	
Home Tel. No:	
Mobile Phone No:	* Text Y/N
Day Tel. No:	
Day Place	
Email Address.....	
Parental Responsibility - YES/NO	Relationship

Surname:	Title
Forename:	
Contact Priority No.	Gender
Home address:	
.....	
Home Tel. No:	
Mobile Phone No:	* Text Y/N
Day Tel. No:	
Day Place	
Email Address.....	
Parental Responsibility - YES/NO	Relationship

Surname:	Title
Forename:	
Contact Priority No.	Gender
Home address:	
.....	
Home Tel. No:	
Mobile Phone No:	* Text Y/N
Day Tel. No:	
Day Place	
Email Address.....	
Parental Responsibility - YES/NO	Relationship

* Please state which parent contact you would like to receive a text message re unexpected School closure.

MEDICAL INFORMATION

Doctors Name

Practice Name.....

Practice Address.....

Practice telephone number.....NHS No.....

Do you give permission for the school to contact Doctor if necessary? YES/NO

Does your child have any HEALTH problems? YES/NO

If YES, please give details (e.g Asthma, Allergy etc) and any emergency procedures that need to be followed if relevant:

.....

Do you give permission for the school to administer first aid if necessary? YES/NO

Any other information relating to your child's health that you feel the School should be aware of:.....

.....

ETHNIC ORIGIN: Please tick appropriate box

Indian		White and Black African	
Pakistani		White and Asian	
Bangladeshi		Any Other Mixed Background	
Any other Asian Background		Gypsy/Roma	
Caribbean		Traveller of Irish Heritage	
African		White - British	
Any Other Black Background		White - Irish	
Chinese		Any Other Ethnic Group	
Italian		Prefer Not To Say	
White and Black Caribbean			

HOME LANGUAGE (language spoken at home).....

FIRST LANGUAGE (language spoken in the home prior to School age)

A pupil's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.

RELIGION: Please tick appropriate box.

Buddhist Christian Hindu Jewish Muslim Sikh None Refused

Other (Please specify)

SERVICE CHILD Please tick if parent(s) are in the Armed Forces

MEAL ARRANGEMENTS: Please tick appropriate box.

School dinner paid School dinner free Sandwiches

Dietary Needs (if any).....

TRAVEL ARRANGEMENTS: Please tick appropriate box.

- Dedicated School Bus
 Public Bus Service
 Bus (other)
 Car/Van
 Car share (with child/children)*
 Cycle
 Taxi
 Train
 Walk
 Other

*Car Share – Where you collect a child from another household on your way to the School or your child is collected by a parent of another household on their way to School

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS? Please tick accordingly

NO.....YES.....Statemented.....

Parents/Guardians

Do you have a disability which requires us to make special arrangements for you with regard to:

- a) Physical access to the school? Yes/No
 b) Access to written information? Yes/No

Does your child have a disability which may require us to make special arrangements for her/him with regard to:

- a) Physical access to the school Yes/No
 b) Access to any part of the National Curriculum Yes/No

I agree that the information given in this form is

COURT ORDERS:

Are there any Court Orders applicable to your child? YES.....NO.....

If YES, please give further details.....

PREVIOUS PLAYGROUP/NURSERY OR PREVIOUS SCHOOL:

<u>School</u>	<u>Address</u>	<u>Dates From</u>	<u>To</u>
.....
.....
.....

PHOTOGRAPHS

During the course of the school year there may be opportunities to publicise some of the activities that your child is involved in. This may well involve filming or photographing children for use in the local media. As a school, we welcome these opportunities and hope that you do too. There may also be occasions when we arrange photography for our own purposes, such as displays and school brochures or in other printed publication as well as on our website.

Photography or filming will only take place with the permission of the headteacher and under the supervision of a teacher. When filming or photography is carried out by the news media, children will only be named if there is a particular reason to do so (e.g. they have won a prize) and home addresses will never be given out.

We believe that positive publicity benefits all involved with the school. Nevertheless, we will not involve your child without your consent. Images of your child held by the school can be viewed upon request. You may withdraw consent at any time.

I understand that images may be taken of my child as follows:

- *By the local media in covering school activities that show the school and children in a positive light. These may include school starters (Reception Year pictures), drama and musical performances, sports and prize giving.*
- *By photographers acting on behalf of the school for use in displays and publicity materials including the school website.*

Having read the statement above, do you give your consent for photographs or other images to be taken and uses?

- YES, I give my consent for pictures to be taken and used
 NO, I do not give my consent for pictures to be taken and used

Signed: Relationship to child:

DECLARATION:

I/We agree that the information given in this form is accurate and will endeavour to inform the School of any changes to the details given at the earliest opportunity.

Signed (Parent/Guardian)

Print Name(s).....

Date

Data Protection Act 1998:

Please note that personal details supplied on this form will be held and/or computerised by Oakley Lower School for Education purposes. The information will be disclosed and held by the Local Authority, the DfE (Department for Education) and the QCA (Qualifications and Curriculum Authority).

Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

**PLEASE RETURN THIS FORM TO THE MAIN SCHOOL OFFICE, OAKLEY LOWER
AS SOON AS POSSIBLE.**