

CULCHETH HIGH SCHOOL

Data Collection Sheet

Please complete, sign and return to Culcheth High School office **by Friday 19th May 2023**

Legal Surname:	Preferred Surname:
Middle Names:	Preferred Forename:
Legal Forename:	Gender:
Date of Birth:	Year:
Address:	
Post Code:	
Previous School:	
Sibling at Culcheth High School:	

Parents/Carers:

- ✓ Following the implementation of the Children Act 1989, details of all those with parental responsibility for the child named above **MUST** be provided on this form.
- ✓ Please detail all adults who may be contacted in an emergency, ensuring that a mobile phone number and an email address are provided for the priority 1 contact.
- ✓ We must be given AT LEAST TWO emergency contacts.
- ✓ Place them in the order that you wish for them to be contacted in an emergency.
- ✓ The first priority will also be used by the School Communication System 'Keep Kids Safe' (IRIS), to inform of school absence etc.

Priority	Name/Relationship Full name with title Eg: Mother Mrs Ann Brown	Parental Responsibility Yes / No (this must be held legally)	Home Address – including post code/Phone/Mobile/Email (Please ensure an email address is provided for the priority 1 contact, and indicate which is the main email for each contact) Home address only required for those with parental responsibility	Work/Alternative Phone
1		Yes / No	Address: Home Tel: Mob: Main Email:	Work/Alt Tel:
2		Yes / No	Address: Home Tel: Mob:	Work/Alt Tel:
3		Yes / No	Address: Home Tel: Mob:	Work/Alt Tel:

<u>Ethnic / Cultural / Language Details:</u>	
Ethnicity :	Religion:
First Language:	

Dietary Information and Dietary Allergens (please detail any relevant food allergies or dietary information that school should be aware of)

Medical Condition (Please circle)	Vision	Hearing	Asthma	Diabetes	Eczema	Epilepsy	Migraine	Medical Allergy (eg Hayfever)	Other (_____)
Level of Impact (Please tick)	1	(mark X)	This condition may severely impact on my child's health and learning at Culcheth High School. A care plan will need to be in place for my child as he/she is under the supervision of a medical consultant for this condition.						
	2		This condition may probably not impact on my child's health and learning but the school needs to be aware of the condition. No care plan is needed.						
	3		This condition is very unlikely to have an impact on my child's health and learning but the school needs to be aware of the condition. No care plan is needed.						
Further Information	Please provide further information: (e.g. has asthma but can self-medicate using inhaler, is short-sighted, wears glasses at all times)								

N.B. If you have placed your child in 'Level of Impact Category 1', a care plan will need to be written by the parent/carer in liaison with a member of staff and a school first-aider.

Medical Practice:

Address:

Telephone Number:

Important Additional Information (Please complete yes or no to all questions)

Is your child on Free School Meals?	Yes/No
Is either parent employed as a serving member of the armed forces?	Yes/No
Has your child ever been in care	Yes/No
I consent that the school may provide 'other information relevant to the provision of youth support services & careers advisors' to Youth Support Services upon request (*All schools are legally required to provide at least names, addresses and dates of birth. See 'Privacy Notice' letter for further information*)	Yes/No

General Data Protection Regulation 2018: We collect and use pupil information under Article 6 (1c) (for example the Education Act 1996) and Article 9 (2d) of the GDPR 2018. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

Signature (NAME):..... **Date:**.....