



When your child joins Brakenhale School it is vital that we have certain information that will help us to ensure that he/she is cared for to the best of our ability. Some of this information enables us to contact you easily on matters of concern to us, some help us to look after your son/daughter while he/she is in school and some (Student details) are required by law.

Student details

Legal Forename: _____ Middle Name: _____

Legal Surname: _____

Date of Birth: _____ Gender: Male Female

Address: _____

Postcode: _____

Home telephone no: _____

Previous school: _____

Dates attended previous school: _____

A copy of your child's birth certificate must be returned with this form for verification purposes, it will be destroyed securely within 7 days of receipt.

Siblings: Please list the name(s) and age(s) of any siblings who attend or have previously attended Brakenhale School.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Parents' details: Parents / Step Parents / Carers who live with the child at the same address
(Please note that being a 'step' parent does not automatically grant parental responsibility)

Parent 1 Title: _____ Mr / Mrs / Ms / Miss / Dr / Rev

Forename: _____

Surname: _____

Relationship to student: _____

Mobile no: _____

Work no: _____

Email: _____

Parental responsibility: Yes No

Parent 2 Title: _____ Mr / Mrs / Ms / Miss / Dr / Rev

Forename: _____

Surname: _____

Relationship to student: _____

Mobile no: _____

Work no: _____

Email: _____

Parental responsibility: Yes No

Parental responsibility: *In addition to parents noted previously we have a legal requirement to note the details of all persons who have **parental responsibility** but **do not** live at the home address. As natural parents have voting rights in matters such as electing parent governors, the DFE instructs us to keep a record of the following information.*

Name:

Address:

Postcode:

Home telephone no:

Mobile no:

Work telephone no:

E-mail:

Relationship to student:

Does the above person have parental responsibility?

Yes

No

Is there a court order preventing communication with this person?

(if Yes please provide a copy)

Yes

No

Emergency contacts: Please give details of other family members/friends to be contacted in the event of an emergency

Contact 1 Name:

Address:

Postcode:

Home telephone no:

Mobile no:

Relationship to student:

Contact 2 Name:

Address:

Postcode:

Home telephone no:

Mobile no:

Relationship to student:

School meals: Please state your child's lunch preference

Free School meal *(please enclose a copy of your entitlement to free school meals)*

Paid School meal

Packed lunch

Travel arrangements: Please state your child's main mode of transport to school

Walk

Cycle

Car Share

Car/Van

Public Bus

School Bus

Train

Taxi

Other

As part of our Healthy Schools status Brakenhale School promotes walking or cycling to school wherever possible.

Armed forces:

Is either parent currently serving or recently retired from the Armed Forces?

Yes

No

Ethnic origin

The DFE has requested this information with the aim of making better decisions about educational provision and it is important that you complete the information.

Student ethnic origin (please tick only one box)

- | | | |
|---|--|--|
| <input type="checkbox"/> Any other Asian Background | <input type="checkbox"/> Black African | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> Any other Black Background | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Any other Ethnic Group | <input type="checkbox"/> Chinese | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Any other Mixed Background | <input type="checkbox"/> Gypsy / Roma | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> Indian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black Caribbean |

Date of entry to the UK – if not born in the UK:

Country of birth – as shown on your child's Birth Certificate:

Nationality – as shown on your child's Passport or EEA Identity Card:

Home language - please state the first language spoken by your child at home:

First language - please state the first language spoken by your child:

(Please tick only one box)

National identity

- English
- Irish
- Scottish
- Welsh
- British
- Other

Traveller status

- Gypsy / Roma (Housed)
- Gypsy / Roma (Travelling)
- Occupational (Traveller)
- Traveller (other)

Asylum status

- Asylum Seeker
- Refugee

Religion: (please tick as appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> 7 th Day Adventist | <input type="checkbox"/> Church of England | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Hindu | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Methodist | |
-

Confidential medical questionnaire

Student name:

Medical practice:

Doctor:

Address:

NHS no:

Has your child any medical conditions which the school should be made aware of (hearing or visual impairment, epilepsy, diabetes)?

Yes Details:
 No

Has your child ever attended a specialist or been admitted to Hospital?

Yes Details:
 No

Does your child have any food allergies or special dietary requirements?

Yes Details:
 No

Has your child had any other illness?

Yes Details:
 No

Are there any other health problems that concern you, particularly any that might affect your child's performance?

Yes Details:
 No

Has your child had regular immunizations?

Yes Details:
 No

Is your child asthmatic?

Yes Details:
 No

Does your child suffer from any chronic/severe allergy (eg. nuts, wasp stings etc.) whereby they may require a lifesaving injection whilst in school?

Yes Details:
 No

Does your child need emergency medication for their allergy?

Yes Details:
 No

Is your child taking any regular medication? Please give details if this medication will be required in school. Yes Details: No

Emergency medical consent: Yes I agree that if my child urgently requires medical/dental treatment during the school day or during an out of school activity and it is not possible to make contact with parent/carer, the Headteacher is authorised to give consent on my behalf. No

Additional medical information:

Special family circumstances

The information below establishes whether the school can apply for additional funding or support and also ensures that we are compliant with the Safeguarding Children in Education Act.

Is the student adopted or have they ever been a Looked After Child? <i>If yes please give details:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Protection Plan	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Child In Need Plan	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Common Assessment Framework (CAF)	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Domestic Abuse	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
CAMHS	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Young Carer	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Children's Social Care involvement - Name & contact tel. no.:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Family Intervention Team (FIT) - Name & contact tel. no.:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Education (SENCO/EWO/Ed Psych etc.) - Name & contact tel. no.:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
YOS - Name & contact tel. no.:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
Outreach - Name & contact tel. no.:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No
ASSC - Name & contact tel. no.:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No

If other please state:

Special education needs and disability (SEND) – Confidential questionnaire

Student name:

Is your child currently on the SEND register?
(If yes please provide details - code)

Yes No

EHCP / ST / K (SEN Support)

In school interventions?
If yes please provide details

Yes No

Outside agency involvement?
(If yes please provide details including contact)

Yes No

Any official diagnosis? (e.g. dyslexia, dyspraxia)
If yes please attach evidence

Yes No

Parent concerns?
If yes please provide details

Yes No

Any other comments:

Parental consent: Please tick yes or no for each of the following (please complete all sections):

Copyright permission

I give permission to copy and share original work.

Yes

No

Data exchange

I give permission for the sharing of information about my child with the Trust, relevant local authorities and organisations.

Yes

No

Sex Education

I agree to my child receiving sex education in appropriate lessons.

Yes

No

Photography, video and voice permission

The school is part of the Greenshaw Learning Trust. The school/trust may use photographs and videos of your son/daughter for educational and promotional purposes, both within school and in school/trust publications (such as the school/trust media sites)

In school/trust publications (printed or digital)

Yes

No

In school/trust marketing material

Yes

No

On the school/trust website

Yes

No

On the schools/trust social networking platforms (Facebook, Twitter)

Yes

No

Shared with third parties for their own journalistic purposes

Yes

No

You may withdraw your consent at any time by contacting the school's data protection officer via the school office.

School visit consent

I agree for my child to:

- a) Take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity

Please note the following information before signing this form:

- The trips and activities covered by this consent include:
 - all visits (including residential trips) which take place during the holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures outside the school day
- We will send you information about each trip or activity before it takes place.
- You can, if you wish, tell us that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by Brakenhale School, for example year group visits to local amenities, as such activities are part of the school's curriculum and usually take place during the normal school day.

Yes

No

Responsible ICT use

We are highly committed to providing students with a quality educational experience in all areas of the curriculum, including information technology. In order to provide the best education possible, all students using computers should agree to follow our conditions of use as detailed in the school's ICT Policy.

I agree that the school may deal with any misuse of ICT by my son/daughter in accordance with the school's ICT Policy.

Yes

No

Assessment and data

In line with our on-going commitment to monitor your child's learning as he/she progresses throughout the school, we administer a number of tests on entry, the results from which are used to determine whether any further intervention is necessary to support your child's learning needs.

I agree that the school may administer the assessment tests and share my child's data with the appropriate bodies in accordance with the school's Assessment and data procedures.

Yes

No

Parental consent (continued): Please tick yes or no for each of the following (please complete all sections):

Biometric data

We use biometric data for our cashless dining system to speed up processing students through the tills. It eliminates theft and is also used for students to take books out of our library.

The biometric identification system uses the finger and its image to uniquely identify each student and member of staff. The system measures many aspects of a finger and then translates the measurements into a unique identification code which is entered into the system. The image of the fingerprint itself is not recorded or stored. This is not fingerprinting and the data stored cannot be used to recreate an image of the fingerprint. When a student uses the biometric identification systems, they are identified by their identification code. This form of identification is called biometrics, which translated means measurements of human characteristics. We will comply at all times with Data Protection Act and with the provisions of the Protection of Freedoms Act regarding the use of biometric data.

You may withdraw your consent at any time. Withdrawal of parental consent or parental objection must be made in writing. If you give your consent but your child refuses this overrides any consent given by the parent. Your child may withdraw consent at any time and written withdrawal of consent is not required.

When your child leaves the school biometric data will be securely deleted.

Yes, I agree to the school using biometric data for my son/daughter

No, I do not agree to the school using biometric data for my son/daughter

Broadmoor emergency

If there is a Broadmoor emergency during the school day, please advise what you would like your child to do?

Remain at school until collected at the end of the school day Go home in the usual way

Data protection statement

The purpose of this form is to collect data for further processing within the school/Trust/Local Authority systems. Your signature on this form implies your consent for the school/Trust/Local Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Trust/Local Authority to the Data Protection Commissioners office and are subject to the Data Protection Act 1998. The information will be entered onto a computer and will form part of the Local Authority school database.

Declaration of person with legal responsibility (please tick to confirm you agree to the statement)

- I declare the information in this form to be correct to the best of my knowledge at the time of completion.
- I have read and agree to the consent sections.
- I agree to notify the school of any changes in my child's circumstances.
- I confirm my child will abide by the rules of the school and I will support the School in those ways outlined.
- I have attached a copy of my child's long birth certificate for verification purposes.

NOTE: It is **IMPORTANT** that any change in information is notified to the school.

Signed:

Relationship to student:

Print name:

Date:
