



### Student details

Legal Forename:	Middle Name:
Legal Surname:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Postcode:	
Home telephone no:	
Previous school:	
Dates attended previous school:	

**A copy of your child's long 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

Title (Mr/Mrs):	Title (Mr/Mrs):
Forename:	Forename:
Surname:	Surname:
Relationship to student:	Relationship to student:
Mobile no:	Mobile no:
Work no:	Work no:
Email:	Email:
Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Parental responsibility:** *In addition to the above 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:	
Is there a court order preventing communication with this person? (if Yes please provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Name:

Address:

Postcode:

Relationship to student:

Home telephone no:

Mobile no:

Name:

Address:

Postcode:

Relationship to student:

Home telephone no:

Mobile no:

**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

- |                                  |                                     |                                    |
|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Walk    | <input type="checkbox"/> Cycle      | <input type="checkbox"/> Car Share |
| <input type="checkbox"/> Car/Van | <input type="checkbox"/> Public Bus | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Train   | <input type="checkbox"/> Taxi       | <input type="checkbox"/>           |

*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

If yes - Personnel Category 1 or 2:

Other Category:

Regiment:

Currently serving at:

Date of retirement:

## 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.

**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:

**Proficiency in English** – please tick your child's English level

- |                                         |                                            |                                                |
|-----------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> New to English | <input type="checkbox"/> Early acquisition | <input type="checkbox"/> Developing competence |
| <input type="checkbox"/> Competent      | <input type="checkbox"/> Fluent            | <input type="checkbox"/> Not yet assessed      |

**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   |

(Please tick only one box)

### National identity

- British
- English
- Irish
- Scottish
- Welsh
- 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 <sup>th</sup> 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:

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Medical practice:

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Doctor:

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Address:

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NHS no:

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

Yes Details:  
 No

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

Yes Details:  
 No

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

Yes Details:  
 No

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Has your child had any other illness?

Yes Details:  
 No

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

Yes Details:  
 No

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Has your child had regular immunizations?

Yes Details:  
 No

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Is your child asthmatic?

Yes Details:  
 No

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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

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Does your child need emergency medication for their allergy?

Yes Details:  
 No

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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

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		
On a Child Protection Plan?	<input type="checkbox"/> Current	<input type="checkbox"/> Previous	<input type="checkbox"/> No	
Child In Need?	<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 Violence?	<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 Services (Social Worker etc.) - 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:

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

Yes  No

EHCP / ST / K (SEN Support)

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In school interventions?  
*If yes please provide details*

Yes  No

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

Yes  No

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

Yes  No

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Parent concerns?  
*If yes please provide details*

Yes  No

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Any other comments:

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## Parental consents:

**Your signature on this form implies your consent to the school for the following permissions. If you do not agree to any of the consents below, you must inform the school office both verbally and in writing.**

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### Copyright permission

I give permission to copy and share original work.

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### Data exchange

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

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### Sex Education

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

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### Photography, video and voice permission

I agree to the school using photographs and videos of my son/daughter for educational and promotional purposes, both within school and in school publications (such as parent news, media sites).

If for any reason your child must not be photographed, please inform the school office both verbally and in writing and make sure your child is aware that they must not appear in photographs.

Yes       No

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### 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.

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### 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.

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### 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.

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## Parental consents (continued):

Your signature on this form implies your consent to the school for the following permissions. If you do not agree to any of the consents below, you must inform the school office both verbally and in writing.

### 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.

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

Yes       No

### 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

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:

Office use only			
Medical	<input type="checkbox"/>	Student Support	<input type="checkbox"/>
		SENCO	<input type="checkbox"/>