



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.

The **home address** is where a child normally lives. Where a child lives with parents with shared parental responsibility, each for part of a week, the address where the child lives is determined using a joint declaration from the parents stating the pattern of residence. If a child's residence is split equally between both parents, then parents will be asked to determine which residential address should be used for the purpose of admission to school. If no joint declaration is received where the residence is split equally by the closing date for applications, the home address will be taken as the address where the child is registered with their doctor. If the residence is not split equally between both parents then the address used will be at the address where the child spends the majority of the school week.

A copy of your child's birth certificate must be returned with this form for verification purposes.

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:	

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: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Forename:
Surname:
Relationship to student:
Mobile no:
Work no:
Email:
Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> 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.*

Title: Mr / Mrs / Ms / Miss / Dr / Rev

Forename:

Surname:

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. *Please ensure that consent is given by contacts to share this information with us.*

Contact 1 Title: Mr / Mrs / Ms / Miss / Dr / Rev

Forename:

Surname:

Address:

Postcode:

Home telephone no:

Mobile no:

Relationship to student:

Contact 2 Title: Mr / Mrs / Ms / Miss / Dr / Rev

Forename:

Surname:

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 Other
- Train Taxi

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 **all** of the information below.

Student ethnic origin (please tick only one box)

Any other Asian Background

Black African

Traveller of Irish Heritage

Any other Black Background

Black Caribbean

White - British

Any other Ethnic Group

Chinese

White - Irish

Any other Mixed Background

Gypsy / Roma

White and Asian

Any other White Background

Indian

White and Black African

Bangladeshi

Pakistani

White and Black Caribbean

Please complete ALL of the information below

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

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

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

Religion: (please tick as appropriate)

7th Day Adventist

Hindu

Sikh

Anglican

Jehovah's Witness

No Religion

Baptist

Jewish

Other (please specify)

Buddhist

Methodist

Christian

Muslim

Church of England

Roman Catholic

Medical - confidential questionnaire

Student name:

Medical practice:

Address:

Telephone no:

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 education needs and disability (SEND) – confidential questionnaire

Student name:

Is your child currently on the SEND register? Yes No
(If yes please provide details - code)
EHCP / ST / K (SEN Support)

In school interventions? Yes No
If yes please provide details

Outside agency involvement? Yes No
(If yes please provide details including contact)

Any official diagnosis? (e.g. dyslexia, dyspraxia) Yes No
If yes please attach evidence

Parent concerns? Yes No
If yes please provide details

Any other comments:

Special family circumstances

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

Is the student adopted? - *If yes please give details:* Yes No

Has the student ever been a looked after child? Current Previous No

Has the student ever had a Child Protection Plan? Current Previous No

Has the student ever had a Child In Need Plan? Current Previous No

Children's Social Care involvement?
Name & contact tel. no.: Current Previous No

Have you ever worked with the Family Intervention Team (FIT)?
Name & contact tel. no.: Current Previous No

Does the student have a Common Assessment Framework (CAF)? Current Previous No

Has there ever been any issues relating to Domestic Abuse in the family? Current Previous No

Has the student been referred to Child and Adolescent Mental Health Services (CAMHS)? Current Previous No

If referred to CAMHS, which pathway? (if known)

ASD ADHD Anxiety & Depression Specialist Community Team

Is the student a Young Carer? Current Previous No

Is the student known to Special Educational Needs Coordinator (SENCO)/Educational Welfare Officer (EWO)/Educational Psychologist (Ed Psych)? Name & contact tel. no.: Current Previous No

Has the student ever worked with the Youth Offending Service (YOS)?
Name & contact tel. no.: Current Previous No

Has the student ever worked with the Outreach team?
Name & contact tel. no.: Current Previous No

Has the student ever worked with the Autistic Spectrum & Social Communication Service (ASSC) - Name & contact tel. no.: Current Previous No

If any other agencies have been involved in supporting your child please state details:

Any additional information:

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

Photography, video and voice permission

The school is part of the Greenshaw Learning Trust. The school/trust may use photographs and videos of students 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 <input type="checkbox"/>	No <input type="checkbox"/>
In school/trust marketing material	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On the school/trust website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On the schools/trust social networking platforms (Facebook, Twitter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shared with third parties for their own journalistic purposes	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.

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

Yes, I agree to the school using biometric data

No, I do not agree to the school using biometric data

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

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

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

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

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.

Yes

No

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 relevant Data Protection legislation. 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 birth certificate for verification purposes.

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

Signature Parent/Carer:

Relationship to student:

Print name:

Date:

Office use only

Medical

Student Support

SENCO