



St Bede's

Catholic School
& Sixth Form College

Secondary Pupil Data Collection Form

This form should be completed by parents or by those who have parental responsibility or day to day care of the child. Please keep school informed of any changes to this information such as new mobile telephone numbers, changes of address, etc.

PUPIL INFORMATION

Legal surname		Preferred surname	
Forename		Middle name(s)	
Date of birth		Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
First language		Language spoken at home	
Religion		Usual mode of travel	Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/>
Ethnicity (Click in a box <input type="checkbox"/> to indicate which ethnicity applies to your child)			
White <ul style="list-style-type: none"> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> Asian or Asian British <ul style="list-style-type: none"> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> 		Mixed or Multiple ethnic groups <ul style="list-style-type: none"> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed or Multiple ethnic background <input type="checkbox"/> Black, African, Caribbean or Black British <ul style="list-style-type: none"> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black, African or Caribbean background <input type="checkbox"/> Other ethnic group <ul style="list-style-type: none"> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> 	

Home address, including postcode (where child normally resides)		Names and dates of birth of siblings in school, including step-siblings	
Lunch meal type Tick one box	Paid School Meal <input type="checkbox"/> Free School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/>	Special dietary requirements	
Doctor's name, address and telephone number		Previous schools	
Do you give permission for the use of first aid plaster (some children may be allergic)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you consent to your child being given the following if required: Calpol / Paracetamol Antihistamine / Piriton Nettle Sting Cream Bee/Wasp Sting Cream Inhaler – Salbutamol Reliever 100 micrograms		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give permission for the school to administer first aid in school and on trips		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any other relevant information: medical conditions (allergies, asthma, etc), disability, Social Care, Legal Orders, etc			
Medical Condition		Legal	
Social Care and other agencies		SEN (Special Education Need)	
EHCP (Education Health Care Plan) Start date of plan:		Other (please note if your child struggles with Reading, Writing or Maths)	
PARENTAL CONSENT			
1. To take my child out of school for local visits within the Local Authority area			Denied <input type="checkbox"/> Granted <input type="checkbox"/>
2. To take my child out of school for local visits outside of the Local Authority area			Denied <input type="checkbox"/> Granted <input type="checkbox"/>
3. For school staff to transport my child and to use their own car where necessary			Denied <input type="checkbox"/> Granted <input type="checkbox"/>

3. For my contact details to be used for text, e-mail, Online Learning Platform purposes	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
5. Take my child to places of worship	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
6. Allow the use of photographs/videos of my child within school premises*	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
7. Allow the use of photographs within school publications e.g. newsletters*	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
8. Allow the use of photographs/videos of my child on the school website*	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
9. Allow the use of photographs/videos of my child on the schools social media pages e.g. Facebook, Instagram, Twitter*	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
10. Allow the use of photographs of my child in the local press*	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
11. Allow the use of photographs of my child in the national press*	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
12. Allow my child under supervision to use the internet in school	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
13. Allow my child under supervision to use the internet at another place of study	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
14. Permit the school to use my child's full name for school leaving reasons	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
15. To use the main parental contact information provided in this form to communicate as necessary by text message or email	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
16. For my child's biometric data (thumb print) to be used to purchase food within school and to top up their school meals account.**	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
17. To my child receiving relationships and sex education. Please note some aspects of the relationships and sex education curriculum are compulsory.	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
18. To my child being involved with the Youth Support Services as part of their careers advice and support	Denied <input type="checkbox"/> Granted <input type="checkbox"/>
19. My child and I have read the E-Safety Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of person giving permission to the above: Please note, your permission can be withdrawn at any time. Please notify the school should you wish to withdraw your permission.	
Date permission given:	

Publicly-funded schools in England get extra funding from the government to help them improve the attainment of their disadvantaged pupils. School will use this information to perform a Free School Meal check.

Surname of <u>MAIN</u> benefit claimant		Forename	
National Insurance No.		Date of birth	

PARENT INFORMATION: (Please underline the main contact telephone number)

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Does your child live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this person an emergency contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

PARENT INFORMATION: (Please underline the main contact telephone number)

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Does your child live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this person an emergency contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

If there are any other persons who have parental responsibility or can be deemed a 'parent' (e.g. step parent, or parent's partner), please provide details below.

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does this person have parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this person an emergency contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

OTHER EMERGENCY CONTACTS – IN PRIORITY ORDER

Please provide below the names of any other people who can be contacted by school in an emergency (these may be family members, not identified overleaf, or friends). Please underline the main contact numbers.

Surname		Forename	
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

Surname		Forename	
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

Surname		Forename	
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

NAME AND DATE OF THE PERSON COMPETING THIS FORM	Name Date
--	--------------

SIGNATURE	
RELATIONSHIP TO CHILD	

The information you supply on this form regarding you, other adults and your child will be held securely on computer or other filing systems and may be checked against other information held by our Local Authority and any other related agency.

Both your and your child's information is covered by the Data Protection Act 2018 which gives you and your child the right to see it if you want to. Please note that we may share your information without your consent if there is a legal requirement to do so.

For full details about how we collect, process, and share your or your child's data please refer to our Privacy Notice, [a copy of which is enclosed](#) and can also be accessed on our school website.

Where you have provided your permission for your and/ or your child's data to be used, you may withdraw this at any time by contacting the school.

*Images including photographic and/ or video may continue to be published for promotional purposes even when your child has left school. Please notify school if you do not wish for your child's images to be used once they leave the school.

** Should one parent or your child not consent to their biometric data being collected and processed we will not be able to process this data.

***Once your child is aged 13 or over, we are required by law to pass on certain information to providers of youth support services in your area. We must provide both the child's and parent's name(s) and address, and any further information relevant to the support services' role. However, if your child is over 16, they or their parent can ask that no information beyond names, address and your date of birth be passed to the support service.



Bishop Wilkinson

Catholic Education Trust

Through Christ, in Partnership

Part of the Bishop Wilkinson Catholic Education Trust

Company Registration Number 07890590