

BILTON SCHOOL DATA ENTRY FORM

To be completed by Parent/Carer

Tutor Group:
School use only.

STUDENT DETAILS

Legal Surname		Legal Forename	
Preferred Surname		Preferred Forename	
Middle Name/s			
Date of Birth		Age	Gender
Address			
			Postcode

In the case of an emergency, contact will be made in 'Priority' order unless the School is advised otherwise in writing.

PARENT/CARER DETAILS

PRIORITY CONTACT 1		Relationship to student	
Title	Surname	Forename	
Address (if different from student's address)			
		Post Code	
Home Tel		Work Tel	
Mobile Tel		E-Mail	
Permission to be contacted in an emergency		Permission to be contacted by email/text for routine school communications	

PRIORITY CONTACT 2		Relationship to student	
Title	Surname	Forename	
Address (if different from student's address)			
		Post Code	
Home Tel		Work Tel	
Mobile Tel		E-Mail	
Permission to be contacted in an emergency		Permission to be contacted by email/text for routine school communications	

PRIORITY CONTACT 3		Relationship to Student	
Title	Surname	Forename	
Preferred Contact Telephone Number			
Permission to be contacted in an emergency.		Permission to be contacted by email/text for routine school communications.	

PRIORITY CONTACT 4			Relationship to Student		
Title		Surname		Forename	
Preferred Contact Telephone Number					
Permission to be contacted in an emergency.			Permission to be contacted by email/text for routine school communications.		

SCHOOL HISTORY

Current School					
Address					
		Post Code			
Telephone					

Date Started		Date of Leaving	
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SIBLINGS

(Name/s of any brothers and/or sisters who **currently** attend or have **previously** attended Bilton School)

Name	Relationship to Student
1.	
2.	
3.	
4.	

MEDICAL DETAILS

Name of Doctor		Telephone	
Surgery Name/Address			
		Post Code	

Medical Conditions – Please ✓ appropriate box.	Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Severe allergy requiring EpiPen	<input type="checkbox"/>
Any other relevant Medical Conditions								
Known Allergies								
Are there any activities in which he/she should not participate?								
<p>Please be aware it is the parents' responsibility to ensure that their children carry any medication they require for their medical conditions at all times and that this medication is in date.</p>								

ETHNIC/CULTURAL DETAILS

Home Language		Religion	
First Language		Country of Birth	
Nationality			

Ethnicity - Please ✓ appropriate box below

AOTH Any other Asian background	BCRB Black Caribbean	WBRI White – British
BOTH Any other Black background	CHNE Chinese	WIRI White – Irish
OOTH Any other ethnic group	WROM Gypsy/Roma	MWAS White and Asian
MOTH Any other mixed background	AIND Indian	MWBA White and Black African
WOTH Any other White background	APKN Pakistani	MWBC White and Black Caribbean
ABAN Bangladeshi	REFU Refused	Please specify if not listed above:
BAFR Black - African	WIRT Traveller of Irish heritage	

ADDITIONAL INFORMATION

Lunchtime Arrangements	Free School Meal	Bringing packed lunch (E.g. Sandwiches)	School Meal
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Please indicate any special food dietary/requirements	
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Travel Arrangements	Car Share (with another student)	Car/Van (only one student)	Cycle
	Dedicated School Bus	Public Bus Service	Private Taxi
	Train	Walk	

I/We give permission for my/our details and those of my/our child to be passed to YSSA (Youth Support Services Agreement) – see 'Privacy Notice' on our website under School Policies.				
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Are one/both (Please delete as appropriate) of the child's Parents/Carers a member of the armed forces?				
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Is your child entitled to a 'Free School Meal'? Please see enclosed information.				
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OTHER DETAILS

Is your child a Looked After Child or a child under Special Guardianship?				
If your child is adopted from care and you wish the school to be aware please indicate here. We are able to offer additional support where appropriate and will contact you in due course.				
Are there any matters relating to your child's home or personal circumstances that you would like to discuss with the School in confidence? If YES, someone from the School will contact you in due course.				

Please notify the School in writing if a second copy of your child's report is required.

CONSENT

Educational / offsite activities

I wish my child to take part in educational visit / offsite activity and agree to his / her taking part in any or all of the activities. I agree to my child receiving any emergency or other medical treatment as deemed urgent, necessary and or in the best interest of my child by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion. I also agree to the release of relevant and necessary medical information to school staff by the GP **if** circumstances are deemed necessary and appropriate.

Parent/Carer Name	
Date	

Biometric Recognition

I agree to the school taking and using information from my child's fingerprint as part of an automated biometric recognition system. This biometric information will be used by the school for the purpose of a cashless catering **only**. Once your child ceases to use the biometric recognition system their information will be securely deleted.

Parent/Carer Name	
Date	

ICT and Communication Code of Conduct

I give permission for my child to have access to the internet based upon the terms set out in the attached information.

Parent/Carer Name	
Date	

Attendance

Please sign below to confirm you have read and agree to the information regarding your child's attendance.

Parent/Carer Name	
Date	

Recording and use of Image

Please indicate below whether or not you give consent for the use of your child's photo/image in these circumstances. By indicating "Yes" you are confirming that you give consent to your child's personal data being shared for the purposes outlined below:

Photo	For official school photographs which are available for purchase by parents and held by the school for identification purposes with names attached	
Image	For use on internal school displays	
	For use as part of projects of work by students	
	For use on the school's website	
	For use on the school's Facebook page	
	For use on the school's Twitter page	
	Attaching your child's name to images accessible externally to the school (for example social media, websites or print media)	

Parent/Carer Name	
Date	