**THE EMMBROOK SCHOOL -** **DATA COLLECTION SHEET (Part 1)**

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| --- | --- | --- | --- |
| Please complete **ALL pages** of the Data Collection Sheet (Part 1 & Part 2), the Transfer Document (Part 3) and  the SEND Form (Part 4 if applicable). Once the documents have been downloaded and saved please remember to save the information as you complete each section.  **STUDENT**  Please complete the information relating to your child in the spaces available in the boxes below. | | | |
| **Forename and Surname on Birth Certificate/Legal Documents:** | |
| **Chosen/Preferred Surname if different from above:** | |
| **Gender:** (eg Male, Female) | **Date of Birth:** (dd/mm/yy)  / / |
| **Country of Birth:** | **Student’s Mobile No:** |
| **Please provide the full address including Town & Postcode:** | |

**DETAILS OF BROTHERS/SISTERS ALREADY IN THIS SCHOOL**

|  |  |  |
| --- | --- | --- |
| **Forename** | **Surname (if different)** | **Current Year & Registration Group** |
|  |  |  |
|  |  |  |

**FAMILY DOCTOR & SURGERY DETAILS**

|  |  |
| --- | --- |
| **Surgery Name:** | **Doctor’s Name:** |
| **Address:** | **Telephone Number:** |

**SPECIFIC HEALTH INFORMATION** **(Life threatening allergies only)**

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| --- |
| Does your child suffer from any chronic/severe allergies (to nuts, wasp stings, milk, etc) whereby he/she may require a **lifesaving injection** within minutes of a reaction occurring?  Please enter **Yes or No** here:  Please note that **your child and the school** will both need to hold an EpiPen/Jext if required |
|  |
| If you confirmed **YES** above please supply the **CAUSE OF THE ALLERGCY** and the **ANTIDOTE DRUG:** |

(This information will be treated in the strictest confidence and in no way jeopardises the provision of a place for your child. However, failure on the part of the parent to disclose this information will mean that the Local Authority will not accept liability for your child if a severe reaction occurs whilst he/she is in school).

**ADDITIONAL MEDICAL INFORMATION**

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| --- |
| Please give any other details regarding your child’s health or circumstances which the school should know about,  eg diabetes, epilepsy, asthma, eczema, hay fever and other allergies, any physical problems, etc. |
|  |

###### ETHNIC MONITORING SECTION

The Department of Education gathers information about **students’** Ethnic Origin, Home Language and Religion to enable them to make properly informed decisions about educational provision and resourcing, to benefit all students. Please complete this section.

**ETHNIC ORIGIN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer below what your child’s Ethnic Origin is from the following options:** | | | |
|  | White - British | Black or Black British - Caribbean | White and Black Caribbean |
|  | White - Irish | Black or Black British - African | White and Black African |
|  | Gypsy or Roma or Gypsy/Roma | Any Other Black Background | White and Asian |
|  | Traveller of Irish Heritage | Bangladeshi | Any Other Mixed Background |
|  | Any Other White Background | Indian | Any Other Ethnic Background |
|  | Any Other Asian Background | Pakistani | Chinese |
|  | I do not wish any ethnic background to be recorded | | Other (please specify below) |
| **My child’s Ethnic Origin is:** | | |

**FIRST LANGUAGE**

First Language = is the language your child was exposed to during early development and continues to be exposed to this language at home or in the community. If your child was exposed to more than one language (which may include English) during early development, the language other than English should be recorded below, irrespective of their proficiency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please answer below what your child’s First Language is from the following options:** | | | | |
|  | Bengali | Gujarati | Polish |
|  | Chinese (Cantonese or Mandarin) | Hungarian | Spanish |
|  | English | Hindi | Urdu |
|  | French | Lithuanian | Other (please specify) |
|  | German | Panjabi |  |
| **My child’s First Language is:** | | | |

**RELIGIOUS AFFILIATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer below what your child’s Religious Affiliation is from the following options:** | | | |
|  | Anglican | Jehovah’s Witness | Roman Catholic |
|  | Baptist | Jewish | Sikh |
|  | Buddhist | Methodist | United Reform Church |
|  | Christian | Muslim | Other (please specify) |
|  | Hindu | No religion |  |
| **My child’s Religious Affiliation is:** | | | |

We can only record **one** **main** preference for Lunch choice and method of transport to/from school for your child. This information is a guide for the school and can be changed as and when needed.

|  |  |  |
| --- | --- | --- |
| LUNCH CHOICE: Please answer below what your child’s main lunch choice is from the following options: Packed Lunch or School Meal **My child’s Main Lunch preference is:**  **Please answer Yes or No if your child is entitled to Free School Meals:** | | |
|  |  |  |
| METHOD OF TRANSPORT: Please answer below what the main method of transport is from the following options: Car/Van, Car Share (with other children), Cycle, Public Bus, School Coach, Taxi, Train, Walk **My child’s Main Method of transport to and from school is:**  **Please provide the Public Bus No: or School Coach No:** | | |

**SCHOOL PRIOR TO THE EMMBROOK**

|  |  |
| --- | --- |
| Name of School: | Address of School (if **not** a local School): |
| Name of Headteacher at School: | School Telephone No: |
| Date joined above school: | Date due to leave above school: |

**INNOVATE’S CASHLESS CATERING SYSTEM FOR THE EMMBROOK CANTEEN**

|  |
| --- |
| **I consent to my child being included in the Impact Biometric registration process** |
| Please enter **Yes or No** here: |

**Consent for photographic use**

|  |
| --- |
| **I/we consent to my/our child being included in any photo shoots in connection with the School and that I/we have parental responsibility for my child named above.** |
| I/we agree to my/our child being photographed by a photographer (including by a newspaper or School photographer) at or in connection with The Emmbrook School.   Please enter **Yes or No** here: |
| 1. If you have agreed to your child being photographed do you also agree to their image being used in connection with any material or publicity relating to the School or functions of Wokingham Borough Council generally?     Please enter **Yes or No** here: |
| 1. If you have agreed to your child being photographed do you also agree to their image being used in connection with the School or council’s official websites?     Please enter **Yes or No** here: |

*PLEASE COMPLETE BELOW THE NAME/S OF THE PERSON/S COMPLETING THE*

*INFORMATION ON ALL OF OUR FORMS (PART 1, 2, 3 & 4)*

*THE PERSON/S COMPLETTING THESE FORMS MUST ENSURE THAT THEY HAVE RECEIVED THE*

*PERMISSION FROM ALL PARTIES FOR US TO HOLD THEIR DATA ON OUR RECORDS*

|  |  |  |
| --- | --- | --- |
| **Name of Contact/s completing the form:** | **Relationship to the child:** | **Date:** |
| 1: |  |  |
| 2: |  |  |
| 3: |  |  |

**PLEASE ENSURE THAT YOU COMPLETE AND RETURN PARTS 1, 2 & 3 AND PART 4 IF APPLICABLE VIA EMAIL TO** [Dataoffice@emmbrook.wokingham.sch.uk](mailto:Dataoffice@emmbrook.wokingham.sch.uk)

**Part 1** Data Collection Sheet (Student)

**Part 2** Data Collection Sheet (Parents/Guardians and Emergency Contacts)

**Part 3** Data Collection Transfer Document (Student Information)

**Part 4** SEND Department (Information Gathering Sheet for New Intake)

The **General Data Protection Regulation** (**GDPR May 2018**)

The information given on these forms will be stored on the school’s administration computer system.

This information will be used for educational purposes and will only be released to outside agencies connected to your child’s education and welfare.

For more information please see our Privacy Notice on our website.

A computer printout of this information will be sent to you for checking after your child joins the school.