

WAVERLEY JUNIOR ACADEMY STUDENT DATA CAPTURE FORM

Please read the form and complete **all** sections – one form to be completed per child please.

Current Year Group	<input type="checkbox"/>
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CHILD'S DETAILS (FS2 – Y6 children)

Legal Surname of Child							
Preferred Surname of Child							
Legal Forename of Child							
Preferred Forename of Child							
Gender	BOY / GIRL	DoB		Age		Number of children in the family	
Previous School							

PARENT/CARER (1)

Parent / Carer's Name					
Relationship to Child					
Contact numbers		Address			
Mobile -----		-----			
Home -----		-----			
Work -----		Post code -----			
Email Address					
Place/Nature of Work					
Does your child live with you:		YES / NO (please circle)			

PARENT/CARER (2)

Parent / Carer's Name					
Relationship to Child					
Contact numbers		Address – (If different to the above)			
Mobile -----		-----			
Home -----		-----			
Work -----		Post code -----			
Email Address					
Place/Nature of Work					
Does your child live with you:		YES / NO (please circle)			

If the mother and father have different addresses, please indicate where the child lives: Mother <input type="checkbox"/> Father <input type="checkbox"/>	
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If your child has recently moved address within the last 12 months, please state previous address:

Previous address:

..... Post Code

EMERGENCY CONTACT DETAILS

Please complete in the order you wish parents / carers / other to be contacted in an emergency:

Priority	Name	Contact Number	Relationship to Child	Contact in Case of Emergency
Contact 1		Mobile		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Home		
		Work		
Contact 2		Mobile		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Home		
		Work		
Contact 3		Mobile		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Home		
Contact 4		Mobile		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Home		
Contact 5		Mobile		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Home		

IF THE CHILD IS LOOKED AFTER BY THE LOCAL AUTHORITY, PLEASE WRITE THE NAME AND ADDRESS AND CONTACT DETAILS OF THE PERSON RESPONSIBLE FOR THE CHILD

Name			
Address			
Telephone Nbr		Mobile Nbr	

NATIONALITY

Please state in which country your child was born and the child's nationality. For Children with multiple (or dual) nationalities, more than one nationality may be recorded:

Country of Child's Birth Child's Nationality

LANGUAGES

It is helpful for us to know what other languages are spoken at home and what ethnicity your child is. This will help us give your child the best support possible.

Is English the first language spoken in your home? Yes No

If not, what is the first language spoken in your home?

ETHNIC / CULTURAL

Please indicate your child's ethnic group – please tick **one** only:

WHITE

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White European
- Any other White Background

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- White and Chinese
- Any other mixed background

ASIAN OR ASIAN BRITISH

- Indian
- Pakistan
- Bangladeshi

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background

ANY OTHER ETHNIC BACKGROUND

- Chinese
- Other Ethnic Group

- Yemeni

I do not wish an ethnic background category to be recorded

Religion

ADDITIONAL INFORMATION

Please tick the **MAIN** form of transport for your child's journey to school:

Car/Van Walk Taxi Public Bus Car Share Cycle

Will your child be having school dinners?

Yes (Paid) Yes (Free) No (Packed Lunch)

MEDICAL

Name & address of Medical Centre / Doctor's surgery

Name

Address

..... Post Code

Telephone Number

Do you have any concerns about your child: Yes No If yes, please select all that apply:

Sight Coordination and movement Speech/Language

Hearing Toileting Behavior

Other Please specify _____

Does your child suffer with any of the following:

Asthma

Heart Condition

Fits, Fainting or Blackouts

Severe Headache

Migraine

Other (please list below)

Other-----

Please state any other information that you think may be helpful. Please identify any special medical condition your child may have, or any medication your child may need to take.

PARENTAL CONSENT

Name of Child -----

**Please
tick**

I give permission for my child to be Photographed/filmed to be used within the Academy (no name used)	<input type="checkbox"/>
I give permission for my child to be Photographed/filmed for the media (no name used)	<input type="checkbox"/>
I give permission for my child to be Photographed/filmed for the school website (no name used)	<input type="checkbox"/>
I give permission for my child's Photographs/videos to be shared on Facebook/twitter (no name used)	<input type="checkbox"/>
I give permission for my child to Walk Home from school* (Y5 & Y6 only)	<input type="checkbox"/>
I give permission for my child to take part in local walking outings during school time	<input type="checkbox"/>

In order to make sure that all children are safe, we ask that for any reason you will need a family member or a friend to collect your child. Please could you provide a password for collection:

Chosen password (please remember to share this with the person who will be collecting your child).

*Please note that for safeguarding purposes children will not be allowed to walk home unless we have written permission.

SIGNED ----- RELATIONSHIP TO CHILD -----

DATE -----

IMPORTANT — PLEASE NOTE

Information regarding business addresses and contact numbers is required to enable the Principal to get in touch with parent(s) / carer(s) etc. in case of an emergency. Any change in circumstances should be notified to the Principal of the school immediately.

The information provided will be used to create and update your child's educational records. It will be used to update Local Authority records and may be used for statistical analysis and returns. Information will only be disclosed to other professionals where necessary for the educational development of your child

SIGNED _____ RELATIONSHIP TO CHILD _____

DATE _____