



# PUPIL DATA COLLECTION FORM

## Sitwell Junior School



This form complies with our duties under the General Data Protection Regulations 2018. Please ensure that you read the privacy notice attached to this form as this informs you of what data we hold, how we use this data, how we store and secure this data and who we **share** this data with in compliance with our legal and regulatory duties.

### Part A – Pupil Information

Child's surname		Child's Forename	
Child's Legal name (if different from above)		Child's chosen name (if different from above)	
Child's date of birth		Child's gender	
Child's address			
Previous school			

### Part B (1) – Contact information\*

Full Name	Home Address	Telephone number (Home)	Telephone number (mobile)	Email address	Priority of contact	Relationship to child	Parental Responsibility	Court Order	Nature of court order

\*By providing this information you are confirming that you have obtained consent for the Inspire Trust to store the above details of any additional contacts you have listed.

## Part B (2) - Names of brothers or sisters in school

Surname	Forename	Year/Reg

## Part C – School Census Information

Every term, the Department for Education requires schools to collect certain personal data relating to the pupils registered at their school, as well as their educational attainment data. Such information will then be used to inform our school's funding allocations. We would be grateful if you could provide us with the below information relating to the child named in this form.

Country of birth					
Nationality					
Ethnic Group			Religion		
White-British		Indian		Buddhist	
White-Irish		Pakistani		Christian	
Traveller of Irish heritage		Bangladeshi		Hindu	
Any other White background		Any other Asian background		Jewish	
Gypsy/Roma		Black Caribbean		Muslim	
White and Black Caribbean		Black African		No Religion	
White and Black African		Any other Black background		Other Religion	
White and Asian		Chinese		Sikh	
Any other mixed background		Any other ethnic group		Refused	

## Part D – Mandatory Additional Information

We are required to gather this for reporting to the Department for Education.

First language spoken at home		
Does the child receive free school meals	Yes	No
School meal arrangements (School meal, Sandwiches, Home)		
Is the child currently looked after in Local Authority care?	Yes	No
Has the child ever been looked after in Local Authority Care?	Yes	No

## Part E – Medical information

Details of any medical or special educational needs and disabilities your child may have	
Details of any medication your child requires in order to manage the condition(s) outlined above	
Details of any additional provision or support required for your child	
Details of any allergies your child has and the treatment required	
Details of any dietary requirements or personal preferences	
Does your child have an Education and Health Care Plan? If yes, please provide a copy to school.	

## Part F – Eligibility Checking System

The Department for Education has created an online service to enable schools to check whether a pupil is eligible for funded early years childcare, free school meals and, where provided, milk, and for the validation of eligibility for 30 hours free childcare. As required by the General Data Protection Regulations, please indicate below whether you consent to your personal information being used for this purpose.

I consent to my personal data being used for the Department for Education's Eligibility Checking Service, please answer Yes or No	
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If you indicated 'Yes' above, please provide us with the information outlined below.

Surname	
Date of Birth	
National Insurance Number	

The information given will be transferred to the school's computer system. Under General Data Protection Regulations, any person named on this form has the right to check the information recorded. The law entitles all parents with parental responsibility to receive information regarding their child's educational record.

**THIS FORM SHOULD BE SIGNED BY SOMEONE WITH LEGAL PARENTAL RESPONSIBILITY.**

**The information I have given is correct to the best of my knowledge and belief.**

Signed: .....

Date signed: .....

Name (please print): .....

**PARENTS MUST NOTIFY US OF ANY CHANGES TO THE ABOVE INFORMATION BY CONTACTING SITWELL JUNIOR SCHOOL RECEPTION  
STAFF ON 01709 531867**