

## Data Collection Form for Liden Academy

Please complete all fields as appropriate. Please check that the information given is correct.

CHILD DETAILS			
Preferred Surname			
Legal Forename		Preferred forename	
Middle Name(s)		Legal Surname	
Gender	Male / Female	Date of Birth	
HOME ADDRESS: (including post code)			

Please give details below of all persons with parental responsibility for the above named child, and anyone else you wish to be contacted in an emergency, in contact priority order.

**SEPARATED PARENT INFORMATION** – For parents not living with the children, please specify contact details. (Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress).

If you wish to extend this list of contacts, please add them on a separate sheet, or for child collection details only, complete a Nominated Adult form, available from the school office.

Note: Our predominant communication is via text and/or email. Please ensure that mobile/email details are given for those needing to receive communications

PARENT/CARER/CONTACT DETAILS – Priority Contact 1		
Name	Home Address	Day/Work Address
Relationship to child		
Parental Responsibility Yes / No	Tel No: Mobile No:	Tel No: Mobile No:
Email		

PARENT, CARER or CONTACT – Priority Contact 2		
Name	Home Address	Day/Work Address
Relationship to child		
Parental Responsibility Yes / No	Tel No: Mobile No:	Tel No: Mobile No:
Email		

PARENT, CARER or CONTACT – Priority Contact 3		
Name	Home Address	Day/Work Address
Relationship to child		
Parental Responsibility Yes / No	Tel No: Mobile No:	Tel No: Mobile No:
Email		

### SERVICE CHILDREN

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

No	Yes	I do not wish a service children indicator to be recorded.

### TRAVEL ARRANGEMENTS – please tick the correct box below

Bicycle	Bus	Walk	Car	Taxi	Other

### MEAL ARRANGEMENTS – please tick the correct box below

Free School Meals	Paid School Meals	Sandwiches

### MEDICAL DETAILS

Doctors Name.	
Surgery Address.	
Telephone No.	
Medical Information Please list all medical Conditions.	

Dietary Needs/Food Allergies	Yes / No If yes, please list needs/food allergies below:

Does your child have any medical needs? Please provide information	Yes / No
Does your child have a Care Plan?	Yes / No

### Asthma – please complete the following details

Does your child suffer with asthma?	Yes / No
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If you have answered yes above, please provide school with a named inhaler and complete a school asthma form (collected from and returned to the school office). Inhalers are kept in the child's classroom.

### CHILD WELFARE

<b>Does your child have an Early Help Record?</b>	<b>Yes/No</b>	<b>Start Date</b>
<b>Is your child known to Social Services?</b>	<b>Yes/No</b>	<b>Start Date</b>
<b>Does your child have a Social Worker?</b>	<b>Yes/No</b>	<b>Start Date</b>
<b>If your child does have a Social Worker, please provide their name and contact number, if known</b>	<b>Name:</b>	
	<b>Contact Number:</b>	
<b>Is your child in the care of the local authority?</b>	<b>Yes/No</b>	<b>Start Date</b>
<b>Does your child have an Education, Health and Care Plan (EHCP)?</b>	<b>Yes/No</b>	<b>Start Date</b>

### ETHNIC CATEGORIES

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

**Country of birth** .....

**Family's Ethnic Origin.** (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.) Please tick.

<b>White - British</b>		<b>Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)</b>	
<b>White - Irish</b>		<b>Black or Black British -Caribbean</b>	
<b>White - Traveller of Irish Heritage</b>		<b>Black or Black British -African</b>	
<b>White - Gypsy/Roma</b>		<b>Any other Black background</b>	
<b>White - Any other White background</b>		<b>Chinese</b>	
<b>Mixed - White and Black Caribbean</b>		<b>Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)</b>	
<b>Mixed - White and Black African</b>		<b>Asian or Asian British -Indian</b>	
<b>Mixed - White and Asian</b>		<b>Asian or Asian British - Pakistani</b>	
<b>Mixed - Any other mixed background</b>			
<b>Asian or Asian British - Bangladeshi</b>		<b>I do not wish an ethnic background to be recorded</b>	

<b>First language spoken from birth</b>		<b>Language(s) used at home</b>	
<b>Religion, e.g. Christian, Muslim, Jewish, etc</b>			
<b>Nationality</b>			

#### Previous School Information – if applicable.

<b>Previous School Name:</b>			
<b>From:</b>		<b>To:</b>	

Please provide information of any other siblings attending Liden Academy

Name	Date of Birth	Male/Female

Consent

<b>“I consent for Liden Academy to .....”</b>	<b>Consent Y/N</b>	<b>Signature &amp; Date</b>
<b>1. Take images of my child</b>		
<b>To use my child’s image as follows:</b>		
<i>To be used in school and Trust newsletters (including website)</i>		
<i>To be used in school prospectuses and school marketing materials</i>		
<i>To be used in internal displays and workbooks</i>		
<i>To be used in the Early Years online learning journal and those of other children</i>		
<i>To be used in Press Releases</i>		
<i>To be used by other students for curriculum, coursework or exams</i>		
<i>To be used on social media (Facebook, Twitter and Instagram)</i>		
<i>To be used on a school, Trust or recruitment website</i>		
<i>To appear in class/group photos that are available to other parents</i>		
<i>To be used in the local or national media (printed and online)</i>		
<i>To be used in external marketing with educational partners</i>		
<b>2. Take my child to local sporting fixtures and visits including travelling in a minibus</b>		
<b>3. Allow my child to take part in the teaching of sex and relationship curriculum</b>		
<b>4. Allow my child reasonable computer and internet usage in accordance with the online safety policy and agreement</b>		
<b>I understand Liden Academy’s procedures for giving medicine and emergency treatment</b>		
<b>I confirm the information I have provided to be accurate and correct and I will inform Liden Academy of any changes</b>		

The information on this form was provided by (Please print) \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Thank you for completing this form.  
Please inform the office as soon as possible of any changes

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This information will be used on a computerised system. The school is registered under the Data Protection Act 1998 to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.