

**STUDENT PERSONAL DATA SHEET**

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| --- | --- | --- | --- | --- |
| **Student Details** | | | | |
| **Forename:** |  | **Middle name:** |  | |
| **LEGAL Surname:** |  | **Preferred Surname (if different to LEGAL):** |  | |
| **Date of Birth:** |  | **Gender:** |  | |
| **Home address:** | Postcode: | | | |
|  | | | | |
| **Please detail any access needs for either the student, parent/guardian may require:**  **(**e.g. mobility, auditory, language). | | | |  |

**EMERGENCY CONTACTS:**

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.  Place them in the order how you wish for them to be contacted in an emergency.

|  |  |  |
| --- | --- | --- |
| **Priority 1** | **Name/Relationship** | **Home Address** |
| 1st Emergency Contact  Parental Responsibility  YES / NO | Mr / Mrs / Miss / Ms / Other  Forename:  Surname:  Relationship: | Address:  Postcode:  Same as Student (Above) |
| Mobile: |
| Home: |
| Work: |
| Email: | |

|  |  |  |
| --- | --- | --- |
| **Priority 2** | **Name/Relationship** | **Home Address** |
| 2nd Emergency Contact  Parental Responsibility  YES / NO | Mr / Mrs / Miss / Ms / Other  Forename:  Surname:  Relationship: | Address:  Postcode:  Same as Student (Above) |
| Mobile: |
| Home: |
| Work: |
| Email: | |

**MEDICAL DETAILS:**

|  |  |
| --- | --- |
| **Medical Practice Name** |  |
| **Medical Practice Number** |  |

Please give as much detail as you feel we need to know, so we are able to care for your son/daughter in the best way possible:

|  |  |
| --- | --- |
| **Allergies:** |  |
| **Medication Inc. dose & frequency:** |  |
| **Known medical conditions e.g. diabetes, epilepsy etc.:** |  |
| **Any disabilities:** |  |
| **Visually Impaired:** |  |
| **Hearing Impaired:** |  |
| **Any other relevant information:** |  |

**ETHNICITY**

|  |  |  |
| --- | --- | --- |
|  | | **Please tick** |
| **WHITE** |  |  |
| British – Includes:  English, Scottish, Welsh, Other White British | WBRI |  |
| Irish | WIRI |  |
| Traveler of Irish Heritage | WIRT |  |
| Gypsy/Roma | WROM |  |
| White European | WEUR |  |
| Any other White Background | WOTW |  |
| **ASIAN OR ASIAN BRITISH** | | |
| Indian | AIND |  |
| Pakistani | APKN |  |
| Bangladeshi | ABAN |  |
| Any other Asian background – Includes: African, Asian, Kashmiri, Nepali, Sinhalese Ski Lankan Tamil | AOTH |  |
| **BLACK OR BLACK BRITISH** | | |
| Caribbean – Includes: Antigua & Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts & Nevis, St Lucia, St Vincent & Grenadines, Trinidad & Tobago | BCRB |  |
| African | BAFR |  |
| Any other Black Background – For example:  Black European, Black North American & Canadian | BOTH |  |
| **CHINESE** | | |
| Chinese – Includes:  Hong Kong, Malaysian, Singaporean, Taiwanese & Other Chinese | CHNE | |
| **MIXED/DUAL BACKGROUND** | | |
| White & Black Caribbean | MWBC |  |
| White & Black African | MWBA |  |
| White & Asian | MWAS |  |
| White & Chinese | MWCH |  |
| Any other Mixed Background – For example:  Asian & Black, Asian & Chinese, Black & Chinese | MOTM |  |
| **OTHER** | | |
| Yemeni | OYEM |  |
| Any other Ethnic Group | OOEG |  |
| **REFUSED** | REFU |  |

**FIRST LANGUAGE**

|  |  |
| --- | --- |
| **Child’s first language:** | **Religion:** |
| **Asylum Status:**  (Asylum Seeker or Refugee) |

**SPECIAL EDUCATIONAL NEEDS:**

Please detail any education needs such as dyslexia, SEN provision at prior school:

**……………………………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………………..**

**SPECIFIC FOOD ALLERGY INFORMATION**

Please only complete this form if your child has specific food allergies that have been verified by a Doctor, with the appropriate evidence being made available upon request. Further contact may be required with the Catering Manager, Mrs Senior, which will take place prior to your child starting at Winterhill.

If you inform us of a food allergy and we have not been able to verify the allergy need, then to ensure the safety of your child, you would be required to send them to school with a home packed lunch.

|  |  |
| --- | --- |
|  | Allergy – please delete where appropriate |
| Celery | Yes/No |
| Gluten | Yes/No |
| Crustaceans | Yes/No |
| Eggs | Yes/No |
| Fish | Yes/No |
| Lupin | Yes/No |
| Milk | Yes/No |
| Mollusc | Yes/No |
| Mustard | Yes/No |
| Nuts | Yes/No |
| Peanuts | Yes/No |
| Sesame Seeds | Yes/No |
| Soya | Yes/No |
| Sulphur Dioxide | Yes/No |
| Other | If Yes, please provide details below: |

**BIOMETRICS**

We operate a Biometric system for your child to access their school meal account. This means your child will use their fingerprint when purchasing school meals.

In order for your child to participate in this system, we require you to tick the box below, only complete if you consent to the use of biometric finger print for school meals:

I dowish my child to be included in the Impact Biometric registration process.

**GDPR**

|  |
| --- |
| **CONSENT** |
| Using images of my child in and around school on displays, that may be seen by visitors. |
| Using images/videos of my child on the school website. |
| Using images/videos of my child on the school’s social media. |
| The local media using images/videos of my child to publicise school events and activities e.g. sports days, the prom etc. |
| Using images of my child in marketing material, e.g. the school brochure, transition material and the prospectus. |
| **Please indicate if you give consent to Winterhill School to use your child’s image/video as outlined above.**  **Yes No** |

**WITHDRAWING YOUR CONSENT**

This form is valid from the date signed. **Parents have the right to withdraw their consent at any time**. Withdrawing your consent will not affect any images or videos that have been shared prior to withdrawal.

If you would like to withdraw your consent, you must submit your request in writing to the headteacher.

I understand:

* Why my consent is required.
* The reasons why Winterhill School uses images and videos of my child.
* The conditions under which the school uses images and videos of my child.
* I will be required to re-provide consent where any circumstances change.
* I can amend or withdraw my consent at any time and must do so in writing to the **headteacher**.

If you have any questions regarding this form, please do not hesitate to contact the **headteacher**, Mr Rhodes at the school email address ([admin@winterhill.org.uk](mailto:admin@winterhill.org.uk)) or via telephone 01709 740232.

**DECLERATION**

I declare all the information provided is accurate and correct.

Signed (Student): …………………………………………………………………………………………

Signed (Parent): ……………………………………………………………………………………………

Name Printed (Parent): …………………………………………………………………………………

Date: …………………………………………………………………………………………