

Data Collection / Student Information Form

On 25 May 2018, the General Data Protection Regulations (GDPR) came into force in the UK. These are new data protection regulations that build upon the Data Protection Act of 1998.

The GDPR require public authorities and businesses to identify the lawful basis for storing personal data, audit information we already hold and take a 'data protection by design and default' approach to personal data.

We take data protection very seriously at The Astley Cooper School, and in line with GDPR requirements, we have appointed a Data Protection Officer to oversee our approach to data management and protections.

Please complete all sections of this form using a black pen and **BLOCK CAPITALS** and return to school.

Please pay particular attention to the contact details that we require:

- Phone number in case of emergency
- Mobile number for text messages
- Email addresses for school/home communication (**please provide an email address that is regularly checked, this is vital to ensure that you receive all school communications**)

The Astley Cooper School uses **Parent Mail** to send correspondences and general information via email and text message. Full details can be found in the School Information Booklet.

The Astley Cooper School uses the **Go 4 Schools** system as a means for you to track and monitor your child's progress and day-to-day information. This is an online parental engagement system, full details can be found in the School Information Booklet.

Permissions Forms

On the back page of this form all sections must be signed and completed by the relevant person to enable students to access the many benefits, privileges and facilities outlined in the School Information Booklet.

Data Protection ACT 1998

The Astley Cooper School are the Data Controller for the purposes of the Data Protection ACT (1998) for all students who attend the school. We collect information from you, may receive information about you and your child from their previous school and from the Learning Records Service (LRS). We will not give information about you to anyone outside of the school without your consent unless the law or our rules allow us to.

We are required by law to pass some of your information to the Local Authority (LA) and the Department for Education (DfE).

Full details of the schools Data Protection Policy are on our website.

Please signed below to confirm that you have read and understand the information above.

Name: _____ Date: _____

Signed: _____ (Parent/Carer)

Student Information – *Please use BLOCK CAPITALS*

Legal Surname (as shown on the students birth certificate)	Home Address (including postcode)
Legal First Name	
Preferred Surname	
Preferred First Name	Home Telephone Number
Date of Birth	Previous School Name & Address
Gender	

Parental Information

Contact 1 - Title and Full Name	Parental Responsibility	Yes / No
Relationship to Student	Emergency Contact Consent	Yes / No
Address (including postcode, if different from student)	Mobile Phone Number	
	Work Telephone Number	
Email Address		
Contact 2 - Title and Full Name	Parental Responsibility	Yes / No
Relationship to Student	Emergency Contact Consent	Yes / No
Address (including postcode, if different from student)	Mobile Phone Number	
	Work Telephone Number	
Email Address		

Additional Contacts – please provide two additional contacts

Name	Contact Number	Relationship to Student

Other Information – This page must be completed

Medical Details

Doctors Surgery and Address
Medical Conditions / Allergies including any Food Allergies

Ethnicity/Cultural – Please tick

Any other Asian background	Chinese	Traveller of Irish Heritage	
Any other black background	Gypsy	Turkish	
Any other Ethnic group	Gypsy/Roma	Turkish/Cypriot	
Any other mixed background	Indian	White/Asian	
Any other white background	Italian	White/Black African	
Bangladeshi	Other Gypsy/Roma	White/Black Caribbean	
Black African	Pakistani	White British	
Black Caribbean	Roma	White Irish	

Nationality

First Language	Home Language	English Additional Language	Yes / No
		Asylum Seeker	Yes / No
Nationality (as stated on passport/birth certificate)		Passport number	
		Expiry Date	

Religion (please state)

Additional Informational

In receipt of Free School Meals	Yes / No	In receipt of Pupil Premium	Yes / No
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Siblings at The Astley Cooper School

Name(s)	Date of Birth	Current Year Group

Any Other Useful Information

PERMISSION SECTION – *This page must be completed, please tick each section*

Parent/Carer Permission for Student Name: _____

Trips & Local Excursion Permission

I agree that my child can take part in any sports fixtures or local excursions that may be arranged during their time at school. Yes / No

Biometrics

I confirm that I wish my child to be registered on the school's Biometric Cashless Catering System with immediate effect. Yes / No

Internet Permission

I have read the internet usage rules outlined in the School Information Booklet. As the parent/carers of the student named above, I grant permission for them to use electronic mail and the internet.

If required I give permission for their work to be published on the school website or any other social media platforms used by the school. Yes / No

Home/School Agreement

I agree to the principles and values of The Astley Cooper School. Yes / No

Youth Support Services Agreement

I have read the Youth Support Services agreement in the School Information Booklet and give consent. Yes / No

Image Consent

I have read and understood the Image consent guidelines outlined in the School Information Booklet and I can confirm that **I give permission** for my child's image to be used in any publicity material for the school, news media or any other social media platforms used by the school. Yes / No

Permission for the administration of Paracetamol as and when necessary

First Aiders will be able to administer paracetamol to students as and when necessary, if you provide authorisation. I can confirm that **I give permission** for one dose of 500mg paracetamol to be given to my child as required. Yes / No

Parent/Carer Name: _____ Date: _____

Signed: _____ (Parent/Carer)

Student Permission

Internet Permission

As a user of the school network, I agree to comply with the school rules on its use. I will use the network and the internet in a responsible way and observe all the restrictions explained to me by the school and as outlined in the Internet Usage Rules.

Home/School Agreement

By signing below you are agreeing to the principles and values of The Astley Cooper School.

Student Name: _____ Date: _____

Signed: _____ (Student)