

## Data Collection Sheet

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 we require:

- . Phone number in case of emergency (this can be a mobile number);
- . Mobile number for text messaging;
- . Email address for school/home communication,  
(an email address that is regularly checked)

The Astley Cooper School use "Call Parent" to send newsletters, correspondence and general information via email.

**This is vital to ensure that you receive all school communications.**

## Permissions Forms

On the back page of this Data Collection Sheet please make sure you complete and sign all of the permission sections in order for your child to access the many benefits, privileges and facilities outlined in the Parent Information Booklet. The Internet and the Home school Agreement must be signed by the student.

## 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 from your previous school and from the Learning records Service (LRS). We will not give information about you to anyone outside the school without your consent unless the law and our rules allow us to.

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

Please see full details and our Data Protection Policy on our website.

Signed: ..... (Parent/Carer)

Date: .....

<b>The Astley Cooper School</b>	
<b>Data Collection Sheet</b>	
<b>Student Information</b>	
<b>Legal Surname:</b> (as shown on birth certificate)	<b>Home Address:</b>
<b>Legal First name:</b>	<b>Town:</b>
<b>Preferred Surname:</b>	<b>County:</b>
	<b>Postcode:</b>
<b>Preferred first name:</b>	<b>Home Telephone no:</b>
<b>Middle name(s):</b>	<b>Previous school name and address:</b>
<b>Gender:</b>	
<b>Date of Birth:</b>	

#### Parental Information

<b>Mothers Name:</b>	<b>Parental responsibility</b>	<b>Yes:</b>	<b>No:</b>
<b>Address (if different from students)</b>			
<b>Emergency contact no:</b>			
<b>Work No:</b>	<b>Email address:</b>		
<b>Fathers Name:</b>	<b>Parental responsibility</b>	<b>Yes:</b>	<b>No:</b>
<b>Address (if different from students)</b>			
<b>Home No:</b>			
<b>Emergency contact no:</b>			
<b>Work No:</b>	<b>Email address:</b>		
<b>Emergency Consent: (please tick)</b>			

#### Additional Contacts

<b>Name</b>	<b>Contact No</b>	<b>Relationship to student</b>

**Other Information: This page must be completed:**

<b>Medical Details</b>		
<b>Doctors Surgery:</b>	<b>Address:</b>	
<b>Medical conditions and allergies:</b>		
<b>Ethnicity</b>		
White - British	Chinese	
White - Irish	Gypsy	
White - Asian	Gypsy / Roma	
White – Black African	Indian	
White – Black Caribbean	Italian	
White – Other	Other Gypsy / Roma	
Any other Asian background	Pakistani	
Any other Black background	Roma	
Any other ethnic group	Traveller of Irish Heritage	
Any other mixed background	Turkish	
Bangladeshi	Turkish Cypriot	
Black - African		
Black Caribbean		
<b>Nationality</b>		
<b>Country of Birth:</b>	<b>First Language:</b>	<b>Home Language English Y/N</b>
<b>Nationality (as stated on passport or birth certificate)</b>	<b>Passport No:</b>	<b>Expiry Date:</b>
<b>Asylum seeker: Y / N</b>		
<b>Please state religion:</b>		
<b>Siblings at The Astley Cooper School</b>		
<b>Name(s):</b>	<b>Date of Birth</b>	<b>Year Group</b>

# PERMISSION SECTION

Students Name: ..... (please print)

## **Trips & Local Excursions**

I agree that my child may take part in any sports fixtures or local excursions which will be arranged during his/her time at the school.

Signed : ..... ( Parent/Carer) Date: .....

## **Internet Permissions**

**Parent's Section** - I have read the internet usage rules outlined in the Parent Information Booklet. As the parent or legal guardian of the student named above, I grant permission for my son or daughter to use electronic mail and the internet.

If required, I also give permission for my son or daughters work to be published on the school website. I understand that named images of pupils' will never be published.

Signed: .....(Parent/ Carer) Date: .....

**Student's Section** – 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.

Signed: ..... (Student) Date: .....

## **Image Consent**

I have read and understood the Image Consent guidelines outlined in the Parents Information Booklet and I can confirm that:

I do/do not give (please delete as appropriate) permissions for my child's image to be used in any publicity material for the school or news media.

Signed: ..... (Parent/Carer) Date: .....

## **Home / School Agreement**

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

Signed: ..... (Parent /Care) Date:.....

Signed:..... (Student) Date: .....