** Student Data Form**

**Name of School: Laughton Junior and Infant School**

Dear Parent/Carer

**Admission Date : ……………………….**

**UPN: 372/ \_ \_ \_ \_ / \_ \_ / \_ \_ \_ \_**

(LEA No/Sch No /Sch Year/ Pupil)

**Admissions Number: ……………………..**

**Proof of DOB seen: (please circle)**

Birth Certificate / Passport / ID card

Please read the form carefully and complete

all the sections appropriate to your circumstances.

Your child’s birth certificate **MUST** be produced in

school when you hand in this form.

This form **MUST** be completed by the person who

has parental responsibility for the child.

**Please remember to sign this form at the end**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD’S DETAILS** | | | | | |
| Legal Surname of Child: |  | | | | |
| Preferred Surname of Child: |  | | | | |
| Legal First Name(s) of Child: |  | | | | |
| Preferred First Name(s) of Child: |  | | | | |
| Address of Child |  | |  | |  |
| Date of Birth of Child: |  | Age: | | Male/female | |
| Names of siblings already attending this school: | | | | | |

**Parent 2** (with parental responsibility – includes adoptive mother/father) Priority Contact: 1 2 3 4

Mr/ Miss/Mrs/Ms(if other please specify) \_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle if person should be contacted in

case of emergency **YES / NO**

**Parent 1** with parental responsibility - includes

adoptive mother/father) Priority Contact: 1 2 3 4)

Mr/Miss/Mrs/Ms (if other please specify) \_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle if person should be contacted in

case of emergency **YES / NO**

|  |  |
| --- | --- |
| **If the child has moved address in the last 12 months, please state previous address:** |  |
| **If the child has recently moved school, please state name, address and telephone number of the previous school/foundation unit/playgroup/nursery/childminder** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If you are not the parent of the child, please complete the section below:** | | | | | | | |
| Name(s) | **/** | | | | | | |
| Relationship to child |  | | | Parental Responsibility | | | **YES / NO** |
| Home address: |  | | | | | | |
| Post Code: | | Tel No: | | | Mobile: | | |
| **If the child is Looked After by the Local Authority please write the name and address of the person responsible for the child:** | | | | | | | |
| Name: | | | Local Authority:  Email: | | | | |
| Address: | | | Tel No: | | | Mobile: | |

**It is helpful for us to know what other languages are spoken at home and what ethnicity your child is as this will help us to give your child the best support possible. Please complete the following:**

|  |  |  |
| --- | --- | --- |
| Is English the first language spoken in your home? **YES / NO** | If not, what is the first language spoken in your home? | |
| **Please indicate the child’s ethnic origin. Please tick ONE only** | | |
| **WHITE**  British  Irish Traveller of Irish Heritage  Gypsy Roma  White European  Other white background | | **MIXED/DUAL BACKGROUND**  White and Black Caribbean  White and Black African  White and Asian  White and Chinese  Other mixed background |
| **ASIAN/ASIAN BRITISH**  Indian  Pakistani  Bangladeshi | | **BLACK/BLACK BRITISH**  Caribbean  African  Other black background |
| **CHINESE** | | **OTHER ETHNIC GROUP**  Vietnamese  Yemeni  Other ethnic group |
| **I do not wish an ethnic**  **background category to be recorded** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Religion:** |  | **Child’s Nationality:** |  | **Child’s Country**  **Of Birth:** |  |
| **Is either parent a member of the Armed Forces?** | | **YES / NO** | | **Proof seen?**  **(e.g. Forces ID card)** | **YES / NO** |

**Medical details and dietary requirements:**

|  |
| --- |
| Please provide school with any details of **any medical conditions** that school should be aware of, and any emergency action that should be taken **(e.g. asthma, epilepsy, allergies, etc.)** |
| Does your child have **any dietary requirements?** Please provide details below: |

Do you give permission for school to administer first aid? **Yes/No**

Do you give permission for school to apply plasters and use antiseptic wipes? **Yes/No**

Do you give permission for school to seek urgent medical treatment if required? **Yes/No**

**Consent Details**

|  |  |  |
| --- | --- | --- |
| **Consent Type** | **Permission (please tick and sign )** | **Notes** |
| Walk to local visits | Granted: Denied:  Signed: |  |
| First name for use on displays (in and out of school, school publications (e.g. newsletter) and social media including Twitter and Class Dojo | Granted: Denied:  Signed: |  |
| Photographs/video for use within  school premises e.g. displays | Granted: Denied:  Signed: |  |
| Photographs/video for use within  school publications e.g. newsletter | Granted: Denied:  Signed: |  |
| Photographs/video for use within  school website. | Granted: Denied:  Signed: |  |
| Photographs/video for use on Class Dojo or Tapestry. | Granted: Denied:  Signed: |  |
| Photographs/video for use by other organisations and their social media platforms e.g. Local Authority, One Voice/Young Voices, Rotherham Schools Improvement Services (ROSIS), Dinnington High School | Granted: Denied:  Signed: |  |
| Photographs/video for use on Twitter. | Granted: Denied:  Signed: |  |
| Photographs/video displayed offsite e.g. Church, trips etc. | Granted: Denied:  Signed: |  |
| Take part in school class photo which will be sent to all parents/carers in the class | Granted: Denied:  Signed: |  |
| Photographs /video for use in JMAT publications and website | Granted: Denied:  Signed: |  |
| Photographs/video and first name for use in local press | Granted: Denied:  Signed: |  |

**Please note:** Parents/carers are **not** allowed to take photos/video of children (other than their own) and post them on social media. This is strictly controlled due to safeguarding and data protection laws.

**Additional Contacts** (Please list in order they should be contacted if required)

Miss/Mrs/Ms/Mr (if other please specify) \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miss/Mrs/Ms/Mr (if other please specify) \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

­­­­­

Contact number ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miss/Mrs/Ms/Mr (if other please specify) \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT INFORMATION – PLEASE NOTE**

Parents/carers completing this form for admission to Foundation Stage 1 (nursery) should be aware that this form is **NOT** a guarantee of a place in Foundation Stage 2 (reception) at this school. Letters will be issued to all parent/carers whose children are due to enter the next phase of education to advise when and how to submit a preference for their preferred school at the relevant time.

This information will be used to create an educational record for this child. It will also be used for statistical analysis and returns as requested by the LA or the DfE. Any consent to share information further than this will be gained from parent/carers on an individual basis.

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DISCLAIMER: By typing your name above, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.