



CANON SLADE SCHOOL

Pupil Data Collection



Please complete all fields as applicable in Sections A, B, C and D *clearly*

SECTION A

Personal Details

Legal Surname _____ Legal Forename _____

Preferred Surname _____ Preferred name _____

Middle name _____

Gender Male Female Date of Birth _____

Address _____

Postcode _____

Year Group _____

Siblings currently attending or previously attended _____

Canon Slade
Please give name(s) & year group(s) _____

Travel Arrangements

Please tick the appropriate choice

Bicycle Car / Van Car share Public Bus School Bus Taxi Train Walk
Other

Bus Route

- | | | | | | |
|------------|------------------------------|--------------------------|--------------|------------------------------|--------------------------|
| 506 | Bolton Town Centre | <input type="checkbox"/> | 972 | Ramsbottom | <input type="checkbox"/> |
| 507 | Harwood | <input type="checkbox"/> | 975 | Walshaw / Bury | <input type="checkbox"/> |
| 905 | Westhoughton | <input type="checkbox"/> | 981 | Whittlestone Head / Edgworth | <input type="checkbox"/> |
| 916 | Blackrod / Horwich | <input type="checkbox"/> | 982 | Leigh | <input type="checkbox"/> |
| 917 | Egerton | <input type="checkbox"/> | 986 | Walkden, Swinton | <input type="checkbox"/> |
| 925 | Belmont / Darwen | <input type="checkbox"/> | 988 | Pendlebury | <input type="checkbox"/> |
| 930 | Sharples / Horrocks Fold | <input type="checkbox"/> | 992 | Hulton Lane, Westhoughton | <input type="checkbox"/> |
| 937 | Farnworth via Little Lever | <input type="checkbox"/> | Other | Other service | <input type="checkbox"/> |
| 968 | Heaton via Smithills Dean Rd | <input type="checkbox"/> | RR | Ring Road 905,916,968 & 969 | <input type="checkbox"/> |
| 969 | Heaton via Ring Rd | <input type="checkbox"/> | | | |

Dietary Needs

Meal arrangement : Please tick the type of meal to be taken each day of the week

Type of meal	Mon	Tue	Wed	Thurs	Fri
School meal	_____	_____	_____	_____	_____
Packed Lunch	_____	_____	_____	_____	_____
Home	_____	_____	_____	_____	_____

COLR	Artificial colouring allergy	<input type="checkbox"/>	NUTS	No nuts of any type/quantity	<input type="checkbox"/>
DAIR	No dairy produce	<input type="checkbox"/>	PORK	No pork	<input type="checkbox"/>
GLUT	Gluten free	<input type="checkbox"/>	SEA	Seafood allergy	<input type="checkbox"/>
HALAL	Halal	<input type="checkbox"/>	VEGA	Vegetarian	<input type="checkbox"/>
KOSH	Kosher foods only	<input type="checkbox"/>			<input type="checkbox"/>

Is this child entitled to free school meals? Yes No

If yes, please provide the name of the responsible Local Authority _____

Please contact your Local Authority to re-apply for your child's entitlement in advance of their admission to school.

Medical Details

Name of Medical Practice _____

Address _____

Contact number _____

Medical condition(s) _____

Medical note(s) _____

Please give details of any other medical information the school should be aware of. _____

Cultural Details

Religion

Buddhist Hindu Muslim Other religion
Christian Jewish No Religion Sikh

First Language _____

Home Language _____

SECTION B

EMERGENCY CONTACT INFORMATION

Please give details of **ALL** persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

Parent / Carer

Priority: 1

SURNAME : _____ **FORENAME:** _____ **TITLE:** _____

RELATIONSHIP TO CHILD : _____
(e.g. Mother, Father, Step parent, Foster parent, Carer, Grandparent, Other Relative, Child minder, Neighbour etc.)

HOME PHONE : _____ **DAYTIME YES/NO** **Priority No :** _____

WORK PHONE : _____ **DAYTIME YES/NO** **Priority No :** _____

MOBILE NO : _____ **DAYTIME YES/NO** **Priority No :** _____

EMAIL : Home / Work * Delete as appropriate _____

This will be used for the SIMS Parent App. I give permission for information to be sent to my email address.

HOME ADDRESS : _____ **POSTCODE :** _____

FIRST LANGUAGE : _____ **PLACE OF WORK :** _____

OCCUPATION: _____

Additional Information (e.g. part time working, translator required etc.)

Parent / Carer

Priority: 2

SURNAME : _____ **FORENAME:** _____ **TITLE:** _____

RELATIONSHIP TO CHILD : _____
(e.g. Mother, Father, Step parent, Foster parent, Carer, Grandparent, Other Relative, Child minder, Neighbour etc.)

HOME PHONE : _____ **DAYTIME YES/NO** **Priority No :** _____

WORK PHONE : _____ **DAYTIME YES/NO** **Priority No :** _____

MOBILE NO : _____ **DAYTIME YES/NO** **Priority No :** _____

EMAIL : Home / Work * Delete as appropriate _____

This will be used for the SIMS Parent App. I give permission for information to be sent to my email address.

HOME ADDRESS : _____ **POSTCODE :** _____

FIRST LANGUAGE : _____ **PLACE OF WORK :** _____

OCCUPATION : _____

Additional Information (e.g. part time working, translator required etc.)

If there is anyone else you wish to add as a contact, please provide their details and order of priority over leaf.

SECTION C

CONFIDENTIAL

This sheet to be detached upon receipt and retained by the Head of Year

Please include any information or issues that you consider may impact on your child's learning and would be useful for the Head of Year to be aware of.

PUPIL NAME : _____ **FORM** _____

Office use

Siblings at Canon Slade

Adoption

Divorce or separation

Bereavement

Financial difficulties

Any other information

SECTION D

Parental Consent

Please tick the boxes if you agree to the following statements

Medical Consent

I give permission that in the event of an accident, the school can authorise emergency medical care if a parent or carer cannot be contacted.

(Failure to provide consent may delay emergency care and put your child at risk).

Sporting Involvement

In the event of my child taking an active part in school sports teams, I give permission for my child to take part in sporting fixtures at the school or at other appropriate venues, and that they may be transported to away fixtures.

(Failure to provide permission will result in your child being unable to take part in after school sporting activities.)

Biometric Data

I give permission for my child's biometric data to be used for the school's appropriate purposes. (E.g. library system, cashless catering, photocopying credits)

School Computer and Internet Access

I agree that my child may use the computer equipment within school, and the internet, and agree that they will abide by the school's Internet Policy.

(Failure to agree will severely restrict your child's access and use of ICT within lessons)

School Counselling Service

I agree that my child may access the services of the School Counsellor for emotional support and advice.

Use of Pupil Photographs/Video

I give permission for my child's image to be used within school for display purposes.

I give permission for my child's image to be used in school publications.

(E.g. prospectus, newsletter etc.)

I give permission for my child's image to be used on the school & academies website.

I give permission for my child's image on school social media accounts.

I give my permission for my child to appear in the media if a school event is videoed or photographed.

I give permission for my child's name to appear beside an image.

Relationship and Sex Education

I agree that my child can take part in the Relationship and Sex Education unit of the Personal, Social, Health and Citizenship Education Pastoral Curriculum.

Please contact school in writing if you do not wish your child to take part.

I agree that any personal items my child brings into school are brought in at his or her own risk and that Canon Slade School or The Bishop Fraser Trust are not responsible for any loss or damage to those items.

I have read and understood the privacy notice for pupils and families available on the school website.

Signature: _____ **Parent/carers** **Date:** _____