

The Priors School
Data Capture Form

The Priors School, School Lane, Priors Marston, Southam, Warwickshire, CV47 7RR - Telephone: 01327 260527 - Email:
admin@thepriorschool.co.uk

Please complete the form below for our records and return it to the school office as soon as possible. This data is essential for your child's welfare in school and will be kept confidential.

Student Details

First Name <i>Note: Full given name, not shortened or familiar versions.</i>	<input type="text"/>
Surname <i>Note: Full legal surname.</i>	<input type="text"/>
Middle Name(s) <i>Note: In full, not shortened or familiar versions</i>	<input type="text"/>
Preferred First Name <i>Note: Preferred first name of this child to be used in school</i>	<input type="text"/>
Preferred Surname <i>Note: Preferred surname of this child to be used in school</i>	<input type="text"/>
Date of Birth <i>DD/MM/YYYY, example: 31/01/2006</i>	<input type="text"/> <input type="text"/> <input type="text"/>
Gender	<i>Please mark the correct box with an X:</i> <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	<input type="text"/>
Nationality	<input type="text"/>
Country of Birth	<input type="text"/>
Languages Spoken <ul style="list-style-type: none">• A first language is the language that this child was exposed to during early development (before the age of 5) and continues to be exposed to in your home or the community. This child must regularly be spoken to in this language and speak and understand it themselves.• A second language is a language that this child has been exposed to later in their development and that they use in the home, community or at school.• A home language is a language regularly spoken in the home, whether or not this child speaks or understands it.• A tuition language is a language in which this child is proficient, or is gaining proficiency, through tuition.	<i>Please list the languages spoken by the child and whether they are a first, second, home or tuition language.</i> <input type="text"/>

Student Address

Address	<i>Please make sure you include a house name or number.</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>

Family Details and Living Situation

In Care Status Yes No
Is this child in care?

Family Situation Single Parent 2 adults
 Foster parents In residential care
 Unknown

Family in the School

Note: The names of this child's family members in the school, if any.

Traveller Status Yes No
Is this child a traveller?

Refugee Status Yes No
Is this child a refugee?

Uniform Allowance Yes No
Does this child receive a uniform allowance?

Armed Forces Yes No
Does this child have a parent in the armed forces?

Transport Arrangements

Usual Mode of Transport to School Please only mark one box.

Walk Cycle Car/Van Car Share (with a different household)
 Public service bus Dedicated school bus Bus (type not known) Taxi
 Train London Underground Metro/Tram/Light Rail Boarder - not applicable
 Other (please specify)

Independent Traveller Yes No
Does this child make their own way to school?

Free Transport Eligibility Yes No
Is this child eligible for free transport?

Free Transport Eligibility Review Date

Religious Details

Religion

Buddhist Christian Jewish Hindu Muslim Sikh Other religion No religion

Religious Faith

Baptist Buddhist Church of England Christian
 Congregational Christian (Ecumenical) Free Church Greek Orthodox
 Hindu Jewish Jehovah's Witness Methodist
 Muslim Quaker Roman Catholic Russian Orthodox
 Salvation Army Seventh Day Adventist Sikh United Reform Church
 Other Faith

Religious Education Yes No
Withdraw this child from religious education?

Collective Worship Yes No
Withdraw this child from collective worship?

Contact Details

Communications Please indicate if this is an emergency contact, and communication preferences for this contact.

Emergency Contact By Text By Phone By Email By Letter

Contact Name **Gender** Male Female
Title, first name and surname

Relationship
Note: Contact's relationship to this child.

Responsibility
Note: Contact's responsibility in regard to this child.

Armed Forces Yes No
Is this contact in the armed forces?

Languages **Translator For Child** Yes No
If not an English speaker.

Address
Does this contact have the same home address as this child?
 Yes No

County

Post Code

Primary Email **Secondary Email**

Home Phone **Mobile Phone** **Work Phone**

Communications Please indicate if this is an emergency contact, and communication preferences for this contact.

Emergency Contact By Text By Phone By Email By Letter

Contact Name **Gender** Male Female
Title, first name and surname

Relationship
Note: Contact's relationship to this child.

Responsibility
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Dietary Information

Dietary Information *Note: Any dietary information regarding this child, including allergies and practices.*

Free School Meal Eligibility Yes No
Is this child eligible for free school meals?

Free School Meal Claimant Yes No
If eligible, would you like to claim free school meals for this child?

Medical Information

All Known Disabilities

Known Medical Conditions

Paramedical Needs

Vaccinations

Please put a mark next to the vaccinations this child has received.

- | | | | | | | |
|----------------------------------|---|---|---------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> BCG | <input type="checkbox"/> Diptheria | <input type="checkbox"/> Pertussis (Whooping Cough) | <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pre-School Booster |
| <input type="checkbox"/> Typhoid | <input type="checkbox"/> Meningococcal C (Meningitis) | <input type="checkbox"/> Polio | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Hib | <input type="checkbox"/> MMR | |

Doctor's Contact Details

Primary Doctor's Name
If applicable.

Surgery/Practice Name

Address

County

Post Code

Primary Email

Surgery Phone
Note: In full including area code.

Mobile Phone

Previous School/Nursery

Name of School/Nursery:

Start Date:

Finish Date:

Address

County

Post Code

Phone Number

Permissions

Please tick to give permission, or mark with a cross to withhold permission.

- Photo
- Video
- Audio
- Photo internal use
- Photo on social media
- Photo external use
- Video internal use
- Video on social media
- Video external use
- Over the counter medication (Calpol, Piriton)
- Contact with the school dog
- Local village visits
- GDPR permissions (for us to comply with the law)

Additional Information

As a school we hold data for the purposes of education management and school improvement only, and only for those purposes necessary to provide the service explicitly offered by our school. We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as General Data Protection Regulation (2018).

I have read and understand clearly all aspects of this form. The information I have given is accurate and up to date. I agree to the use of this data in the methods outlined in this document.

Name _____ Signed _____ Date _____