



**UPPERWOOD ACADEMY - DATA COLLECTION - ADMISSION TO SCHOOL**



PUPIL'S FORENAMES	
DATE OF BIRTH	
CHOSEN SURNAME	
LEGAL SURNAME	
HOME ADDRESS	
Parent 1: FULL NAME	PRIORITY:
ADDRESS	
MOBILE TEL	
HOME TEL	
WORK TEL	
EMAIL ADDRESS	
Parent 2: FULL NAME	PRIORITY:
ADDRESS	
MOBILE TEL	
HOME TEL	
WORK TEL	

Please number the contacts in the **order of priority** we should telephone them in an emergency, ie. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc **Please also indicate if they have Parental Responsibility.**

OTHER EMERGENCY CONTACT 1: NAME	
RELATIONSHIP TO CHILD	PRIORITY:
ADDRESS	
MOBILE TEL/HOME TEL	
OTHER EMERGENCY CONTACT 2: NAME	
RELATIONSHIP TO CHILD	PRIORITY:
ADDRESS	
MOBILE TEL/HOME TEL	
OTHER EMERGENCY CONTACT 3: NAME	
RELATIONSHIP TO CHILD	PRIORITY:
ADDRESS	
MOBILE TEL/HOME TEL	

**MEDICAL INFORMATION**

NAME/ADDRESS OF DOCTOR	
Does your child take any regular medication?	
If your child has an inhaler, does it need to be used during school hours?	
Does your child have a diagnosed medical condition we should be aware of?	



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Does your child have any Special Educational Needs/Disabilities we should be aware of?	
Does your child have any food allergies/dietary needs we should be aware of?	

<b>YOUR CHILD'S PREVIOUS SCHOOL/NURSERY (if any)</b>	
<b>ANY COURT ORDERS/ CONTACT ISSUES/ ADOPTION ORDERS WE NEED TO BE AWARE OF</b>	

<b>ETHNICITY</b>	
<b>Country where your child was born:</b>	
<b>First language of your child in childhood:</b>	
<b>Second language (if any):</b>	

Ethnicity (please tick appropriate box)

British		Irish		Traveller	
Albanian		Bosnian-Herzeg.		Croatian	
Kosovan		Serbian		White E.European	
White other		Gypsy/Roma			

**Mixed/Dual Background**

White & Black Caribbean		White & Black African	
White & Asian		Any other mixed background	

**Asian or Asian British**

Indian		Pakistani	
Bangladeshi		Any other Asian background	

**Black or Black British**

Caribbean		African		Other	
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**Other Ethnic Groups and Options**

Chinese		Any other ethnic background		I do not wish an ethnic background to be recorded	
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*I/We consent to the school (through the head as the person responsible) obtaining, using, holding and disclosing "Personal data" including "sensitive personal data" (such as medical information), for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the School and ensuring that all relevant legal obligations of the school and ourselves are complied with. I/ We give my/our consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the General Data Protection Regulation.*

Signature ..... Date .....