

**LAWNSWOOD SCHOOL STUDENT DETAILS**

Parents / Carers: please complete **all** sections

**CHILD’S DETAILS**

|  |  |
| --- | --- |
| Legal forename: | Legal surname: |
| Middle name(s): | DOB: | M/F |
| Address: |
|  Postcode: |

**CONTACT DETAILS** Our preferred method of communication is email

|  |  |  |
| --- | --- | --- |
| 1st contact name and title: | Relationship to child e.g. mother, father (if other please state): |  |
| Address: |
|  |
| Postcode: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel. No. | Home: | Work: | Mobile: |

|  |  |  |
| --- | --- | --- |
| 2nd contact name and title: | Relationship to child e.g. mother, father (if other please state): |  |
| Address: |
|  |
| Postcode: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel. No. | Home: | Work: | Mobile: |

|  |  |  |
| --- | --- | --- |
| 3rd contact name and title: | Relationship to child e.g. mother, father (if other please state): |  |
| Address: |
|  |
| Postcode: | Email: |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel. No. | Home: | Work: | Mobile: |

**DIETARY DETAILS**

|  |
| --- |
| **Please give details of any specific dietary requirements or food allergies:** |

**MEDICAL DETAILS**

|  |
| --- |
| Is your child taking any medication? If yes, please give details.... |
| Name and contact details of your child’s GP |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick if your child has problems with any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Asthma |  |  Convulsions |  |
| Arthritis |  |  Nut allergy |  |
| Migraine |  |  Heart defect |  |
| Hearing |  |  Hayfever |  |
| Eczema |  |  Allergies |  |
| Sickle Cell |  |  |  |

If there any other illness / medical condition you would like school to be aware of? If yes, please give details..... |

**ETHNIC / CULTURAL** Schools, academies and colleges are required by law to submit data about the school and its students population to the Department for Education (DfE). The data collection is called School Census and take place three times a year, once every term. You are entitled by law to refuse to provide the following information:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnicity: |

|  |  |
| --- | --- |
| Any other black background |  |
| Any other ethnic group |  |
| Any other mixed background |  |
| Bangladeshi |  |
| Black – African |  |
| Black Caribbean |  |
| Chinese |  |
| Gypsy / Roma |  |
| Indian |  |
| Kashmiri Pakistani |  |
| Kashmiri Other |  |

 |

|  |  |
| --- | --- |
| Other Asian |  |
| Other Pakistani |  |
| Traveller of Irish heritage |  |
| White – British |  |
| White – Irish |  |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White Eastern European |  |
| White other |  |
| White Western European |  |

 |
| Home Language: |
| First Language: |
| Religion: |

|  |
| --- |
| **Nationality:****Place of Birth:** |

**Mode of Transport to school: Walk / Public Bus Service / Car / Bicycle**

**Previous School:**

|  |
| --- |
| **Is there any other information which you feel we should know?** |

**Student Photograph Consent**

Please circle your answer to the following questions:

|  |  |
| --- | --- |
| May we use your child’s image in the school prospectus. Newsletter and other printed publications? | Yes / No |
| May we use your child’s image on our website? | Yes / No |
| May we use your child’s image on displays in public spaces?(e.g. visitor reception area, exhibitions) | Yes / No |

|  |  |
| --- | --- |
| Do you give permission for photographs or film including your child to appear in the media e.g. television reports? | Yes / No |

|  |  |
| --- | --- |
| May we allow external deliverers of activities and events, in which our students participate, to uses your child’s image on their printed promotional material? | Yes / No |
| May be allow external deliverers of activities and events, in which our students participate, to use your child’s image on their website? | Yes / No |

**Physical Activities On & Offsite Consent Form**

I have read this consent form carefully and understand that I am giving my consent for my child to participate in any sports team(s) and activities.

I agreed to my child participating in local visits.

I understand the procedures detailed and will regularly check my child’s planner and or the school website for further details of fixtures, dates and times.

I will also ensure my child has the correct clothing and footwear to participate safely in all sporting activities.

I will also ensure that my child has any medication with them, in accordance with school policy, to enable him/her to participate safely in any sporting activity or visit.

I also agree to keep the school up to date about my child’s medical condition.

**I understand that by signing this slip, I am giving permission for the whole period that my child attends Lawnswood School.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent / Carer

**Diner and Library Automated Recognition Systems / Fingerprint consent**

I understand that the image of my child’s fingerprint is deleted once it has been used to create the mathematical algorithm necessary for the systems to link the fingerprint data to my child’s accounts. I also understand that the information stored for my child’s accounts cannot be used to re-create a fingerprint image at any stage.

|  |  |
| --- | --- |
|  | I give my permission for the school to use my child’s fingerprint image as described for use by the systems in the school diner and library. |

|  |  |
| --- | --- |
|  | I do not give my permission for the school to use my child’s fingerprint image |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parent / carer

Privacy Notice: Pupil information and the Data Protection Act.

The school will collect and hold information about your child in order to monitor his/her teaching and learning progress and to help us to provide appropriate pastoral care. Schools have a duty, via the Local Authority, to comply with the Children Act 2004 which may result in sharing data with Department of Education approved agencies. Further information and booklets are available from [www.education.gov.uk](https://www.education.gov.uk) or Public Communications Unit, Department of Education, Sanctuary Buildings, Great Smith Street, London, SW1P 3BT.