

Welford and Wickham CE (Aided) Primary School

Welford Road, Newbury, Berkshire, RG20 8HL

01488 608306, office@welford.w-berks.sch.uk

[www.welfordandwickham.org.uk](http://www.welfordandwickham.org.uk)

Headteacher: Mrs Katie Dickens

DATA COLLECTION SHEET

Please complete the enclosed details regarding your child and return the form to school in a sealed envelope.

The School Office will require sight of your child’s birth certificate (for new starters only) but will not retain a copy.

Any changes to the details you supply must be communicated to the School Office promptly.

**Data Usage and GDPR**

The information within this form is required under the 1986 Education Act and is entered onto a computer database for use by the school and the Local Education Authority (LEA) and is held in the strictest confidence. Although there is no legal obligation for parents/guardians to provide cultural information, the LEA is requested to provide returns to the Department of Education for statistical purposes.

The school collects and uses pupil information under the General Data Protection Regulations 2018. Particularly under Article 6, where the information is collected and used because it is required in order to carry out the task of educating and ensuring the welfare of pupils. We also collect and use pupil information in order to help pupils with additional special needs and requirements, so that we can ensure we offer the best possible support and resources to them (and their parents and carers) during their time at our school.

For the school’s Privacy Notice please refer to the website (<http://www.welfordandwickham.org.uk/data-protection-gdpr/>)

**School Policies and Procedures**

A selection of school policies and procedures are on the school website, covering amongst other topics: safeguarding, equality, complaints, health and safety and positive behaviour. For a full set of policies please contact the School Office.

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| **CHILD’S DETAILS** | | | | | |
| **FULL NAME** |  | | | | |
| **DATE OF BIRTH** |  | | **GENDER** | |  |
| **HOME ADDRESS** |  | | **DOCTOR’S SURGERY** | |  |
| **HOME LANGUAGE** |  | | **IS ENGLISH AN ADDITIONAL LANGUAGE?** | | YES/NO |
| **RELIGION**  **(state none if applicable)** |  | | **CURRENT PRE-SCHOOL/PRIMARY** | |  |
| **COUNTRY OF BIRTH** |  | | **NATIONALITY** | |  |
|  | | | | | |
| **PARENTS’ DETAILS** | | | | | |
| **PARENT 1** | | | **PARENT 2** | | |
| **FULL NAME** |  | | **FULL NAME** | |  |
| **HOME ADDRESS**  **(state if same as child)** |  | | **HOME ADDRESS**  **(state if same as child)** | |  |
| **PHONE NUMBERS** | Home:  Mobile:  Work: | | **PHONE NUMBERS** | | Home:  Mobile:  Work: |
| **EMAIL ADDRESS** |  | | **EMAIL ADDRESS** | |  |
| **OCCUPATION** |  | | **OCCUPATION** | |  |
| **NATURAL PARENT** | **YES/NO** | | **NATURAL PARENT** | | **YES/NO** |
| **PARENTAL RESPONSIBILITY** | **YES/NO** | | **PARENTAL RESPONSIBILITY** | | **YES/NO** |
| **ARMED FORCES PERSONNEL?** | **YES/NO** | | **ARMED FORCES PERSONNEL?** | | **YES/NO** |
| In the event of urgent information both parents will be contacted  ParentMail communication: one or both parents must agree to receive all trip text updates/email information including weekly newsletters. These details can be changed by contacting the School Office. | | | | | |
| **PARENTMAIL RECIPIENT** | | **YES/NO** | **PARENTMAIL RECIPIENT** | | **YES/NO** |
| **FAMILY DETAILS** | | | | | |
| If parents are separated is contact permitted? | | | | **YES/NO** | |
| Is there a Court Order pending or in place? | | | | **YES/NO** | |
| Are there any family circumstances the school should be aware of? | | | | **YES/NO** | |
| Other children in the family, please give first names and dates of birth: | | | |  | |
|  | | | | | |
| **ADDITIONAL INFORMATION** | | | | | |
| Is your child entitled to Free School Meals (through receipt of income support)? | | | | **YES/NO** | |
| Does your child have a statement of Special Educational Needs (SEN)? | | | | **YES/NO**  **Details if applicable:** | |
| Is your child being supported by a Local Authority Agency (e.g. pre-school counsellor) | | | | **YES/NO**  **Details if applicable:** | |
| Does your child have a medical condition that the school should be aware of? (e.g. sight, hearing, asthma) If yes, please provide details and medication that needs to be administered. | | | | **YES/NO**  **Details if applicable:** | |
| Does your child have any dietary restrictions for medical or religious reasons? If yes, you will be sent a Special Diet Request Form. | | | | **YES/NO**  **Details if applicable:** | |
| Please provide the names and phone numbers for up to two additional contacts who can be reached in an emergency. These people will be called in the unlikely event that parents 1 and 2 cannot be contacted. | | | | Emergency contact 1:  Name:  Mobile number:  Emergency contact 2:  Name:  Mobile number: | |

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| **CONSENT** | |
| **Public Image**  I consent to photographs, film and digital images of my child being used on the school’s website and in publications produced by the school or media companies appointed and approved by the school, this includes but is not exclusive to local secondary schools, MNR coaching, COINS, School sports affiliation. | **YES/NO** |
| **Photography**  I consent to digital photographs being taken of my child, either individually or in a group, by a company chosen by the school (such as Tempest, ECP Studios) for the purposes of resale amongst parents/guardians. This may include whole school photos, individual photos, team photos, and film and digital images of my child in school productions such as nativity plays and performances. | **YES/NO** |
| **Internet Use**  I consent to my child using the internet following the school’s acceptable use policy. | **YES/NO** |
| **Library**  My child is given permission to borrow books from the School Library. I take full responsibility for books taken off the school premises and agree to make a contribution should a book be lost or damaged. I agree to purchase a book bag to protect the Library books. | **YES/NO** |
| **Minor injury assessment**  In the case of a minor injury, if the school is unable to contact me, I give my consent for my child to be taken to a local surgery for assessment. | **YES/NO** |
| **Hospital Treatment**  In the case of an emergency, if the school is unable to contact me, I give my consent for my child to be taken to hospital for treatment. | **YES/NO** |
| **Educational Professionals**  I give consent for the school to talk with other educational and health professionals about my child, should the need arise, in order that they can work together to help my child to learn. | **YES/NO** |
| **Offsite Activities**  I consent to my child participating in off-site activities from Welford & Wickham CE Primary that take place within the immediate locality and may be reached either on foot or in the school minibus.  I undertake to inform the teacher in charge of the off-site activity of any changes in my child’s fitness and health prior to the activity. I have ensured that my child understands, as far as is reasonably possible, that it is important for his/her safety and for the safety of the group as a whole that any rules and instructions given by staff in charge be obeyed. | **YES/NO**  **YES/NO** |
| **Personal Data**  I consent to my child’s name and date of birth being shared with the organisations and educational/health professionals the school engages with in order that they can work together to help my child to learn and provide them with resources (including meals) while at school. | **YES/NO** |

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| **ETHNICITY OF YOUR CHILD (please circle)** | | | | | | | | | |
| Afghan | Albanian | Any other Asian background | Any other Black background | Any other mixed background | Arab | Bangladeshi | Black – Angolan | Black Congolese | Black - Ghanaian |
| Black – Nigerian | Black – Sierra Leonian | Black – Somali | Black – Sudanese | Black – Caribbean | Bosnian-Herzegovinian | Chinese | Croatian | Egyptian | Filipino |
| Greek/ Greek Cypriot | Gypsy/ Roma | Indian | Iranian | Iraqi | Italian | Japanese | Korean | Kosovan | Kurdish |
| Latin/South/Central American | Lebanese | Libyan | Malay | Moroccan | Other Black African | Other Ethnic Group | Pakistani | Polynesian | Portuguese |
| Serbian | Thai | Traveller of Irish Heritage | Turkish/ Turkish Cypriot | Vietnamese | White-British | White -Irish | White &Asian | White & Black African | White & Black Caribbean |
| White Other | White Eastern European | White Western European | Yemeni | **REFUSED** |  |  |  |  |  |

**Office Use only:**

Birth certificate seen YES/NO

Entered onto SIMS YES/NO

Medical conditions notified to class teacher YES/NO

Student record file created/received YES/NO

Transferred pupils: safeguarding request sent YES/NO

Account creation: Cypad, Cool Milk, ParentMail

Welford and Wickham CE (VA) Primary School

Home school Agreement

Please read together with your child, complete and return.

**Parents/Guardians**

I/we undertake to;

Ensure that my child attends school regularly and that absences are properly notified

Make the school aware of any concerns or problems that might affect my child’s work or behaviour

Ensure that my child arrives and is collected promptly at the beginning and end of the school day

Support my child to work independently on his/her homework and wherever possible promote opportunities of home learning

Support the schools policies and guidelines on behaviour and equal opportunities

Ensure that my child goes to bed at a reasonable time on weekdays and Sunday evenings and has adequate sleep

Attend parent’s evenings and other discussions about our child’s progress

Ensure that our child wears the school uniform

Ensure that we use an appropriate and respectful manner in social network sites

Parent/Guardian signature....................................................................................................

**Pupils**

I agree to;

Always try to do my best in my lessons and homework

Always try to remember to be polite, helpful, kind and thoughtful towards others

Help to look after the school by keeping it clean and tidy and taking care of it at all times

Cooperate with others during work and play

Childs name: ..............................................................................................................

**School**

The school will:

Provide a balanced and carefully planned curriculum which meets the needs of your individual child

Ensure, to the best of our ability, that your child will achieve his/her full potential as a valued member of the school community

Ensure that your child’s physical and social wellbeing at all times and to foster feelings of confidence, self-worth and belonging

To actively welcome Parents/carers in to the life of the school and to ensure that teaching staff are always available,. By mutual agreement, to discuss any concerns you might have about your child’s progress or general welfare

Ensure that all homework tasks are given regularly on an agreed day, and that they reflect your child’s learning needs

Keep you informed about general school matters and your child’s progress in particular

Provide a range of after school extra-curricular activities designed to enrich your child’s experience

Ensure that all teaching staff keep up to date on important educational developments and initiatives which might affect your child



Katie Dickens

Executive Headteacher