



COOMBE DEAN SCHOOL – POST 16 CENTRE

Data Collection Sheet

**Please complete this form in BLOCK CAPITALS and sign and date it on the last page.
Please ensure that whenever there is a choice of tick boxes, a selection (✓) is made.**

| STUDENT'S DETAILS | | | |
|---|--|--|-------|
| Legal Forename: | | Preferred Forename <i>if applicable:</i> | |
| Legal Surname: | | Preferred Surname <i>if applicable:</i> | |
| Date of Birth: | | Gender: <i>(Please circle)</i> | M / F |
| Address: | Mobile Number: | | |
| | Student's email address: <i>(Leave blank if student does not have a personal email address):</i> | | |
| Postcode: | | Home Telephone Number: | |
| Are there any legal arrangements for your son/daughter to be looked after? Y / N | | | |
| Looked after through adoption | | If yes, please indicate: | |
| | | Looked after through residence order (RO) | |
| Looked after through special guardianship order | | Looked after through a child arrangement order (CAO) | |
| Is there a court order in place regarding your son/daughter's care? Y / N | | | |
| <i>If yes please attach copies of relevant documentation. We may contact you if we require further clarification.</i> | | | |

| CONTACT INFORMATION | |
|--|--|
| Please give below details of all persons who have parental responsibility and anyone who could be contacted in an emergency. In the priority column please number every person listed according to the order you would wish them to be contacted in an emergency i.e. 1, 2, 3, 4. | |
| We aim to make delivery of correspondence from home to school as efficient as possible by emailing as much correspondence as possible. It is extremely important, therefore, that all parents/carers provide us with an email address for all correspondence. | |

| PARENTS/CARERS EMERGENCY CONTACTS AT STUDENT'S HOME ADDRESS | | | |
|---|-----------------|--------------------------------|-----------|
| Priority | Surname: | | Forename: |
| | Title: | Mr / Mrs / Miss/ Ms / Other: | |
| | Relationship: | Parental responsibility: Y / N | |
| | Home email: | Home telephone: | |
| | Work telephone: | Work email: | |
| | Mobile: | | |

| | | | |
|----------|-----------------|--------------------------------|-----------|
| Priority | Surname: | | Forename: |
| | Title: | Mr / Mrs / Miss/ Ms / Other: | |
| | Relationship: | Parental responsibility: Y / N | |
| | Home email: | Home telephone: | |
| | Work telephone: | Work email: | |
| | Mobile: | | |

PARENTS/CARERS EMERGENCY CONTACTS AT DIFFERENT ADDRESS

| | | | | |
|----------|--|------------------------------|--------------------------------|--|
| Priority | Surname: | | Forename: | |
| | Title: | Mr / Mrs / Miss/ Ms / Other: | | |
| | Relationship: | | Parental responsibility: Y / N | |
| | Home email: | | Home telephone: | |
| | Work telephone: | | Work email: | |
| | Mobile: | | | |
| | For parents only – Requires copies of reports? Y / N | | | |

| | | | | |
|----------|--|------------------------------|--------------------------------|--|
| Priority | Surname: | | Forename: | |
| | Title: | Mr / Mrs / Miss/ Ms / Other: | | |
| | Relationship: | | Parental responsibility: Y / N | |
| | Home email: | | Home telephone: | |
| | Work telephone: | | Work email: | |
| | Mobile: | | | |
| | For parents only – Requires copies of reports? Y / N | | | |

TRAVEL

Walk Cycle Bus
 Taxi Car Other *Please specify:*

Do you give permission for your son/daughter to be released from school early in the case of emergency closure or in the event of severe weather conditions? Y / N

Do you give permission for photos of your child to be taken and used for publicity purposes? Y / N

PLEASE SELECT ONE FROM EACH OF THE FOLLOWING SECTIONS:

| ETHNICITY | ✓ |
|-----------------------------|----------|
| Any other Asian background | |
| Any other Black background | |
| Any other ethnic group | |
| Any other mixed background | |
| Any other white background | |
| Bangladeshi | |
| Black – African | |
| Black – Caribbean | |
| Chinese | |
| Other Gypsy/Roma | |
| Indian | |
| Pakistani | |
| Traveller of Irish Heritage | |
| White – British | |
| White – Irish | |
| White and Asian | |
| White and Black African | |
| White and Black Caribbean | |
| Do not wish to answer | |

| RELIGION | ✓ |
|-----------------------|----------|
| Buddhist | |
| Christian | |
| Hindu | |
| Jewish | |
| Muslim | |
| Sikh | |
| No religion | |
| Other religion | |
| Do not wish to answer | |

HOME LANGUAGE

The language that is most commonly spoken by members of the family for everyday interactions at home:

FIRST LANGUAGE

The language that the student has learned from birth or speaks best:

COUNTRY OF BIRTH

As it is shown on your son/daughter's birth certificate or passport:

NATIONALITY

As it is shown on your son/daughter's passport:

You may be aware of the General Data Protection Regulations (GDPR). To ensure that we are meeting the requirements we would like your consent to store and use the information that you have provided. Please tick the relevant box below:

I give my consent for the school to use my child's data

I do not give my consent for the school to use my child's data

NAME OF PERSON COMPLETING THIS FORM:

SIGNATURE:

DATE: