



### STUDENT INFORMATION

Full Legal Name as on birth certificate: _____	
Preferred Forename: _____	Preferred Surname: _____
Gender: _____	Date of Birth: _____
Address: _____ _____	Student's Mobile No: _____
	Nationality: _____
	Ethnicity: _____
	First Language: _____
Postcode: _____	Religion: _____

**Data Protection Act 1998:** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Education Authority and with the DfES.

Are there any custody or court orders in force for the above student?	
If so, please specify, eg residence, contact/access, prohibited steps, specific issues)	
Which Court made the Order? Date?	

### PARENT(S)/GUARDIAN(S) *(who share parental responsibility for the child including non-resident parent)*

Relationship to child: _____ Title (Mr/Mrs/Ms/Other): _____ Surname: _____ Forename: _____ Address: _____ _____ Postcode: _____ Tel Number (Home): _____ Tel Number (Mobile): _____ Email address: _____ Parental Responsibility    Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to child: _____ Title (Mr/Mrs/Ms/Other): _____ Surname: _____ Forename: _____ Address: _____ _____ Postcode: _____ Tel Number (Home): _____ Tel Number (Mobile): _____ Email address: _____ Parental Responsibility    Yes <input type="checkbox"/> No <input type="checkbox"/>
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### EMERGENCY CONTACTS *(list in order persons who have parental responsibility and/or who can be contacted in an emergency).*

No.	Forename & Surname	Relationship	Tel No – Home	Tel No – Mobile	E-mail
1.					
2.					
3.					
4.					

Siblings at CVA	Name		Year Group	
	Name		Year Group	
	Name		Year Group	

Can your child swim?	<input type="checkbox"/> Cannot swim <input type="checkbox"/> Can swim a little with swimming aids (eg arm bands) <input type="checkbox"/> Can swim a little without aids but not confident <input type="checkbox"/> Can swim a little and is confident (at least 50m) <input type="checkbox"/> Is a strong, confident swimmer (more than 50m)
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<b>Free School Meals</b> <i>Please tick as appropriate</i>	<input type="checkbox"/> Have you previously received a FSM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Entitled but do not wish to claim <input type="checkbox"/> I wish to claim but don't know how		
If you would like the school to check if you are eligible for FSM without having to complete a form and also to ensure you/the school gets the appropriate funding then please put your national insurance number and date of birth in the box opposite		NI No: <input style="width: 100%;" type="text"/>	DoB: <input style="width: 100%;" type="text"/>

<b>Dietary Needs</b> <i>Please tick as appropriate</i>	<input type="checkbox"/> Free School Meals <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Sandwiches <input type="checkbox"/> Home <input type="checkbox"/> Other
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<b>Travel Arrangements</b> <i>Please tick as appropriate</i>	<input type="checkbox"/> Bicycle <input type="checkbox"/> Walks <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> School Coach <input type="checkbox"/> Public Transport <i>If you child uses the bus to travel to school and you would like an Under 16 Identification Card please contact the school reception.</i>
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<b>Guardianship</b> <i>Please tick as appropriate</i>	<input type="checkbox"/> In Care <input type="checkbox"/> Fostered <input type="checkbox"/> The subject of an Adoption <input type="checkbox"/> Put in the guardianship of anyone other than either parent eg Grandparent/Aunt
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<b>Military Service Children</b> <i>Please tick as appropriate</i>	Is one or more parent serving currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## INTERNET ACCEPTABLE USE POLICY

Authorisation to use the school's IT systems/personal systems on school premises will be specific to an individual. Any password, authorisation code, etc. given to a user will be for his or her use only, and must be kept secure and not disclosed to or used by any other person.

- Users are not permitted to use school IT or network facilities for any of the following:
- Any unlawful activity.
- The creation, transmission, storage, downloading or display of any offensive, obscene, indecent, or menacing images, data or other material, or any data capable of being resolved into such images or material.
- The creation of transmission of defamatory material about any individual or organisation.
- The sending of any e-mail that does not correctly identify the sender of that e-mail or attempts to disguise the identity of the computer from which it was sent.
- The sending of any message appearing to originate from another person.
- The transmission, without proper authorisation, of e-mail to a large number of recipients, unless those recipients have indicated an interest in receiving such e-mail, or the sending or forwarding of e-mail which is intended to encourage the propagation of copies of itself.
- The creation, access or transmission of material in such a way as to infringe a copyright, moral right, trade mark or other intellectual property right.

Gaining or attempting to gain unauthorised access to any facility or service within or outside the school, or making any attempt to disrupt or impair such a service; the deliberate or reckless undertaking of activities such as may result in the following:

- The waste of staff effort or network resources, including time on any system accessible via the school's network;
- the corruption or disruption of other users' data or work;
- the violation of the privacy of other users;
- the introduction or transmission of a virus into the network;
- Use of any proxy avoidance sites is expressly forbidden;
- Correspondence via e-mail is not guaranteed to be private.

### Specific Requirements of the Policy:

- Student on-line activity and use of mobile technology will be monitored in order to guard against any misuse. Castle View Academy also reserves the right to report any illegal activities to the appropriate authorities where there has been serious misuse.
- Student data/information must never be shared with other students.
- Representing personal opinions as those of Castle View Academy is expressly prohibited.

**In summary, school systems, the internet and email must be used by students and staff in a responsible and sensible manner. These systems are installed SOLELY to support learning and must be used for learning purposes.**

## MEDICAL INFORMATION

Name & Address of Family Doctor:	
Doctor's Telephone No:	
Pupil's NHS No:	
Does your child have a known medical condition? <i>(if Yes, please give details together with medication/management/care plan details. Continue on separate sheet if required)</i>	If YES, Mrs Levers will contact you to discuss further in order for your child to be supported in school.

HAS YOUR CHILD HAD ANY OF THE FOLLOWING:	Please ✓		
	Yes	No	
Asthma or Bronchitis <i>If Yes, do you give permission to give emergency school inhaler? If Yes, complete enclosed form.</i>	Yes	No	
Heart Condition	Yes	No	
Fits, Fainting or Blackouts	Yes	No	
Severe Headaches/Migraine	Yes	No	
Diabetes <i>If Yes, is this controlled by diet or insulin</i>	Yes	No	
Allergies to Any Known Drugs	Yes	No	
Any Other Allergies, e.g. Material, Food, Medicine <i>If Yes, do they carry an EpiPen?</i>	Yes	No	
Other Illness or Disability, i.e. Epilepsy	Yes	No	
Bed Wetting	Yes	No	
Travel Sickness	Yes	No	
If the answer to any of these questions is YES please give details in the space opposite:			
<u>Immunisation Status:</u> Has your child received vaccination against Tetanus in the last five years?	Yes	No	
Is your child receiving medical/surgical treatment of any kind from either your family Dr or Hospital?	Yes	No	
If the answer to either of these questions is YES please give the details here: (including dosage of any medicines/tablets).			
<b>Do you require and give permission for the school to administer prescribed medicines to your child?</b> <i>If Yes, medicines must be given to Mrs Levers clearly labelled with your child's name and dosage.</i>	Yes	No	
<b>Do you give permission for your child to carry his/her own prescribed medicine?</b>	Yes	No	
<b>Paracetamol</b> <b>Do you give permission for your child to be given Paracetamol if required at school?</b> <i>If yes, then please be aware that the school DOES NOT provide paracetamol and parents/carers are required to provide the school with a box of paracetamol clearly labelled with your child's name. These will be kept in the medical room and administered by Mrs Levers as required.</i>	Yes	No	

(Please contact Mrs J Levers on 02392 322452 if you could like to discuss your child's medical condition).

As part of running the school Castle View Academy will use photos of our pupils in our electronic systems, in classroom displays and from time to time photos and film may be taken as part of a lesson or project. The Academy may also use pupil photos for marketing and publicity purposes. We will only use photos or films of your child for such purposes if you have completed and signed this form. By signing this form you will give consent for Castle View Academy to take/use photographic images for the duration of your child's time at Castle View Academy unless you inform us, in writing, otherwise.

You may withdraw your consent at any time. If you wish to do so please write to Mr J Webb, Assistant Vice Principal at the Castle View Academy. Please Note: On receipt of such a notification we will no longer take/use photographic images of your child. We will be unable to go back and delete images already in use.

I hereby consent to the Academy and ULT using photos of my child \_\_\_\_\_ (insert name)

On the school's website	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On ULT's website	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On social media	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On ULT's intranet (the Hub)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In the school prospectus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Allow use by Third Party	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Press Release*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use of Child's Full Name	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
School Productions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Solely for educational purposes to support learning of your child eg reward system EPRAISE

See \* below

Permission to use your child's full name against an image being used

I request that no photographic images are taken of my child

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relation to Pupil: \_\_\_\_\_

**\* Permission form for press releases**

From time to time, we may wish to celebrate your child's achievements/trips/activities at school by printing stories in the local press, but we will only include your child in these articles with your consent as detailed above. Press deadlines often mean that there isn't time to collect consent at the point when a story is to be printed. Therefore, if you are happy for your child to be included in press articles about the school please could you let us know by filling in this form and returning it to the school.

Signed (Parent/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

The data controller for personal information held by Castle View Academy is United Learning Trust (ULT). ULT is registered with the Information Commissioner's Office (ICO). The registration number is Z7415170.

The Company Secretary, Steve Whiffen, is responsible for ensuring that ULT complies with the Data Protection Law. He can be contacted on [company.secretary@unitedlearning.org.uk](mailto:company.secretary@unitedlearning.org.uk) or 01832 864538.

Castle View Academy is responsible for ensuring that the Academy complies with ULT's policies and procedures in relation to Data Protection. Castle View Academy contact is Mr J Webb and he can be contacted on 02392 370321. For further information regarding how ULT uses personal data please refer to the privacy notice on the our website.

Please read each of the statements below and ✓ against each one to indicate that:

- I will notify the school if any of my child's contact details change.
- I will notify the school if any of my child's medical details change.
- I give permission for my child to be given emergency first aid by a trained member of staff/medical professional.
- I will contact the school should my child be absent for any reason and provide medical evidence where necessary.
- I have read and agree to comply with Castle View Academy's Internet Acceptable Use Policy. As the parent or legal guardian of the above named student, I grant permission for them to use the internet. I understand that students will be held accountable for their own actions. I also understand that some materials on the Internet may be objectionable and I accept responsibility for setting standards for him/her to follow when selecting, or research information. I also allow him/her to use Email provided by the school.
- I have read the section on the Academy's position for taking photographic images.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Please Print

All Student Data forms are CONFIDENTIAL and information will only be used in the interest of the child

For office use only

Admin	Initials: _____	Date: _____
JLE	Initials: _____	Date: _____
TTH	Initials: _____	Date: _____
Finance	Initials: _____	Date: _____
IT Dept	Initials: _____	Date: _____