

# STUDENT DATA COLLECTION SHEET



**Arnold Hill**  
Academy

## STUDENT DETAILS

<b>Legal Forename</b> (as stated on birth certificate/deed poll)		<b>Legal Surname</b> (as stated on birth certificate/deed poll)		
<b>Preferred Forename</b>		<b>Preferred Surname</b>		
<b>Middle Name(s)</b>		<b>Date of Birth</b>	<b>M/F</b>	<b>School Year</b>
<b>Address</b>				<b>Postcode</b>

If this is a change of address within the last twelve months please tick the box

**PARENT DETAILS** Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Title	Name & Address	Telephone Number(s) (in order of preference)	Legal Parental Responsibility	Relationship to Student
1		Name:  Address:	Home/Work/Mobile (please circle) Tel _____  Home/Work/Mobile (please circle) Tel _____  Home/Work/Mobile (please circle) Tel _____	YES/NO	

**EMAIL ADDRESS (all correspondence to parents will be sent via email)**

Priority	Title	Name & Address	Telephone Number(s) (in order of preference)	Legal Parental Responsibility	Relationship to Student
2		Name:  Address:	Home/Work/Mobile (please circle) Tel _____  Home/Work/Mobile (please circle) Tel _____  Home/Work/Mobile (please circle) Tel _____	YES/NO	

**EMAIL ADDRESS (all correspondence to parents will be sent via email)**

Priority	Title	Name & Address	Telephone Number(s) (in order of preference)	Legal Parental Responsibility	Relationship to Student
3		Name:  Address:	Home/Work/Mobile (please circle) Tel _____  Home/Work/Mobile (please circle) Tel _____  Home/Work/Mobile (please circle) Tel _____	YES/NO	

**BROTHER(S) AND SISTER(S) IN THE ACADEMY**

Name _____	Tutor Group	Name _____	Tutor Group
Name _____	Tutor Group	Name _____	Tutor Group

**HOW WILL YOUR CHILD NORMALLY TRAVEL TO SCHOOL?**

Bicycle		Car/Van		Taxi		Car Share		Public Bus Service		Walk	
---------	--	---------	--	------	--	-----------	--	--------------------	--	------	--

**SCHOOL MEALS – Please tick as appropriate**

Free School Meals		Paid School Meals		Sandwiches	
-------------------	--	-------------------	--	------------	--

**MEDICAL INFORMATION**

Medical Practice	Medical Notes
Doctor's Name:	Medical Conditions
Address:	
Telephone:	Dietary Needs/Food Allergies

**ETHNIC/CULTURAL**

Ethnicity	First Language
Home Language	Religion

Does your child have a parent serving full-time in HM Forces

Has your child ever been in the care of the Local Authority

**DATA PROTECTION ACT 1998:** The academy is registered under the Data Protection Act for holding personal data. The academy has a duty to protect this information and to keep it up to date. The academy is required to share some of the data with the Local Authority, The Department for Education and other professional services.

Parent's Signature \_\_\_\_\_ Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Please return this form in an envelope marked **DATA COLLECTION, GENERALOFFICE, A BLOCK RECEPTION.**  
Once your child is attending Arnold Hill Academy you can update your child's records by logging into Parent View via our website [arnoldhillacademy.co.uk](http://arnoldhillacademy.co.uk)