

# 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)<br>(in order of preference)   | Legal Parental Responsibility | Relationship to Student |
|----------|-------|-----------------------|---|-------------------------------|-------------------------|
| 1        |       | Name:<br><br>Address: | Home/Work/Mobile (please circle)<br>Tel _____<br><br>Home/Work/Mobile (please circle)<br>Tel _____<br><br>Home/Work/Mobile (please circle)<br>Tel _____ | YES/NO                        |                         |

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

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

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|----------|-------|-----------------------|---|-------------------------------|-------------------------|
| 3        |       | Name:<br><br>Address: | Home/Work/Mobile (please circle)<br>Tel _____<br><br>Home/Work/Mobile (please circle)<br>Tel _____<br><br>Home/Work/Mobile (please circle)<br>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   | National Identity |
| Home Language | Country of Birth | 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, GENERAL OFFICE, 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)**

**CONSENT FORM**

*Please return this copy to Arnold Hill Academy*



**Arnold Hill Academy**

**STUDENT'S NAME** \_\_\_\_\_

**YEAR** \_\_\_\_\_

**IMAGE CONSENT**

At Arnold Hill Academy we often use photographs and videos to capture our students' learning experiences and memories. These images may be used in the academy's prospectus and other printed material, as well as on our website and social media sites such as YouTube, Twitter and Facebook.

From time to time, we may be visited by the media who will take photographs or film footage of events. Students will sometimes appear in these images, which may then be published in local or national newspapers, in televised news programmes and on social media sites.

We follow the guidance provided by the Information Commissioner's Office (ICO) on taking photographs in schools and the Data Protection Act 1998. Consent to use images and videos lasts throughout your child's time at Arnold Hill Academy and continues to apply to images already in circulation once they leave. You can write at any time and ask the academy to stop using your child's images, at that point they would not be used in future publications but may continue to appear in publications already in circulation.

Changes to the information we hold about your child can be made, at any time, by logging on to Parent View on the Academy's website. Further information can be viewed on the [Parent View](#) section of our website.

**BIOMETRICS DATA**

At Arnold Hill Academy we use a biometric recognition system for school meals, the benefits for students include:

- Entitlement to free school meals is anonymous
- Students do not have to remember to bring dinner money or carry cash around the academy

**Current Legislation – The Protection of Freedoms Act 2012**

This legislation requires the academy to:

- Inform parents about the use of the biometric systems in the academy and explain what applications use biometrics
- Receive written permission from one parent if the academy is to continue processing biometrics for their child (children under 18 who do not have permission from September 2013 will not be allowed to use the biometric system at the academy)
- Allow children to choose an alternative way of being identified if they wish

We need written permission from a parent in order for students to use this system and you can opt out at any time by writing to the academy.

If you require any further information regarding the biometric system or how we use and maintain this information then please visit the [Arnold Hill Academy website](#)

**PARENT VIEW**

At Arnold Hill Academy we offer you the chance to access information electronically about your child through our Parent View System. By using this system you will be able to access information about your child's attendance, assessments, achievements and timetable.

**IMAGE CONSENT** I have read and understood the above. I agree to the use of images of my child around the academy, in printed publications, websites, and social media, and for images of my child to be used by the news media in printed and/or electronic form. This might include images sent to the news media by the school and images/footage the media may take themselves if invited to the school to cover an event.

**BIOMETRICS DATA** I have read and understood the above. I give consent to Biometric information of my child being taken and used by the academy for use of an automated recognition system for school meals. I understand that I can withdraw my consent at any time in writing.

**PARENT VIEW** I have read and understood the above and request access to Parent View.

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

**CONSENT FORM**  
*Parent Copy*



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**YEAR** \_\_\_\_\_

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