

Class \_\_\_\_\_\_\_

**Parkside Middle School - Confidential Pupil Data**

**Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please see our Privacy Notice on the school website –** [**www.parkside.worcs.sch.uk**](http://www.parkside.worcs.sch.uk)

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| **Legal First Name** |  | **Legal Surname** |  |
| **Preferred Forename and Surname** |  | **Middle Name/s** |  |
| **Gender** |  | **Date of Birth** |  |
| **Address**  **Postcode** |  | | |
| **Parent/Carer(s) Names** |  | | |
| **Sibling(s) at Parkside** |  | | |
| **Please provide information about who the pupil lives with** |  | | |

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| **Contact 1** | | | | | **Contact 2** | | | | |
| **Title:** Mr/Mrs/Miss/Ms/Other (please indicate) | | | | | **Title:** Mr/Mrs/Miss/Ms/Other (please indicate) | | | | |
| **First Name** |  | | **Surname** |  | **First Name** |  | | **Surname** |  |
| **Address** | |  | | | **Address** | |  | | |
| **Postcode** | |  | | | **Postcode** | |  | | |
| **Email address** | |  | | | **Email address** | |  | | |
| **Home phone** | |  | | | **Home phone** | |  | | |
| **Work phone** | |  | | | **Work phone** | |  | | |
| **Mobile phone** | |  | | | **Mobile phone** | |  | | |
| **Please indicate first preference for calls** | | Home / Work / Mobile | | | **Please indicate first preference for calls** | | Home / Work / Mobile | | |
| **Relationship to child** | |  | | | **Relationship to child** | |  | | |
| **Legal Parental Responsibility** | | YES / NO | | | **Legal Parental Responsibility** | | YES / NO | | |
| **Member of armed forces** | | YES / NO | | | **Member of armed forces** | | YES / NO | | |
| **Translator required** | | YES / NO | | | **Translator required** | | YES / NO | | |

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| **Contact 3** | | | | | **Contact 4** | | | | |
| **Title:** Mr/Mrs/Miss/Ms/Other (please indicate) | | | | | **Title:** Mr/Mrs/Miss/Ms/Other (please indicate) | | | | |
| **First Name(s)** |  | | **Surname** |  | **First Name(s)** |  | | **Surname** |  |
| **Address** | |  | | | **Address** | |  | | |
| **Postcode** | |  | | | **Postcode** | |  | | |
| **Email address** | |  | | | **Email address** | |  | | |
| **Home phone** | |  | | | **Home phone** | |  | | |
| **Work phone:** | |  | | | **Work phone** | |  | | |
| **Mobile phone** | |  | | | **Mobile phone** | |  | | |
| **Please indicate first preference for calls** | | Home / Work / Mobile | | | **Please indicate first preference for calls** | | Home / Work / Mobile | | |
| **Relationship to child** | |  | | | **Relationship to child** | |  | | |
| **Legal Parental Responsibility** | | YES / NO | | | **Legal Parental Responsibility** | | YES / NO | | |
| **Member of armed forces** | | YES / NO | | | **Member of armed forces** | | YES / NO | | |
| **Translator required** | | YES / NO | | | **Translator required** | | YES / NO | | |

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| **Ethnicity and Religious Background** | | | |
| **Ethnic Origin** |  | **Country of Birth** |  |
| **Nationality** |  | **Religion** |  |
| **English as an Additional Language** | YES / NO | **First Language** |  |
| **Home Language** |  | **National Identity**  **(i.e. English, Irish)** |  |

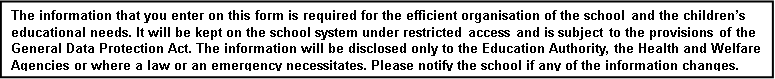
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| **Miscellaneous** | |
| **Lunch Arrangements**  **(please tick as appropriate)** | **Free School Meal School Meal Packed Lunch/Sandwiches** |
| **Travel Arrangements**  **(please tick as appropriate)** | **Walk Car/Van School Bus Public Transport Taxi** |

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| **Health Background** | | | |
| **Doctor’s Name** |  | **Doctor’s Phone Number** |  |
| **Surgery Name and Address** |  | | |
| **Medical notes or any**  **medical information you**  **wish to record:**  **(including dietary needs**  **and/or allergies)** |  | | |
| **Does your child require**  **access to prescribed**  **medication?** | YES / NO (please indicate) | | |
| **Please give details of any**  **disability that school should**  **be aware of** |  | | |
| **Does your child require a care**  **plan to be held within school?** |  | | |

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| **Biometric/Fingerprint Recognition** |
| At Parkside Middle School, we use a system called Biometrics, which is a fingerprint recognition system. This system enables pupils to be served lunch without having to remember a PIN number, and money can be put onto the child’s lunch account through our website using ‘ParentPay’.  BAM FM, the catering provider, complies at all times with the General Data Protection Act and with the provisions of the Protection of Freedoms Act 2012 (which came into force in September 2013) regarding the use of biometric data.   |  |  | | --- | --- | | I give consent for my child to use the biometric system. |  | | I **do not** give consent for my child to use the biometric system. |  |   Once your child leaves Parkside Middle School, his/her biometric information will be securely and permanently deleted by the BAM FM Ltd. |

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| **Educational Visits in School** |
| Parents will be informed by letter of all visits and activities. When coach travel is needed and/or when visits and activities may  be outside the normal school day a separate consent form will be required. I agree that my child may take part in educational  visits or activities organised by the school.  It is our duty to ensure that parents are well informed of the insurance and medical cover for their children when engaged on  educational visits and activities outside of the school’s grounds.   1. Parents/carers are advised, wherever possible, to give the school a telephone number at which they can be contacted   in case of an emergency, in particular when urgent medical or dental treatment may be necessary.   1. The County Council accept no responsibility for accident or injury to pupils, or for loss or damage of personal effects,   unless cause is the negligence of the County Council, or any member of its staff.   1. Parents may take out personal accident insurance covering their child against accident or loss, which may occur   through no fault of any supervising staff, and such insurance is the parent’s responsibility.  I agree that my child may take part in educational visits or activities organised by the school.  I agree that medical and dental treatment may be given to my child if necessary, including the administration of a  general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation  of a qualified practitioner. |

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| **Food Activities in School** |
| From time to time, as part of the school curriculum and extra-curricular activities, your child will undertake activities with food.  Some of these activities will involve the handling and tasting of various food ingredients and products. We would be grateful if  you could let us know if your child is not permitted to taste or handle any types of food.   |  |  | | --- | --- | | My child can handle or eat any type of food products or ingredients. |  | | My child cannot handle or eat any of the following food products or ingredients that I have listed below. |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Use of Images in School** | | | | | |
| Photographs and/or video recordings of our pupils may be taken during school activities to celebrate their achievements and  successes and also as evidence of their progress and development. Still or moving images may be published in our printed  publications (e.g. prospectus, newsletters) and/or on our school website. They may also be used to promote the good  practice of the school to other teachers, e.g. at training events organised by the Local Authority or national education/  government institutions. Children’s names will never be published alongside their photograph externally to the setting. Names  may be used internally, for example – on a display. Electronic images, whether photographs or videos, will be stored securely  on the school’s computer/network which is accessible only by authorised users.   |  |  | | --- | --- | | I give consent for the school to take photographs of my child. |  | | I give consent for photos of my child to be used on the school website and/or school newsletter. |  | | I give consent for photos of my child to be used on internal displays. |  | | I give consent for photos of my child to be used on local media (i.e. local newspaper). |  | | I give consent for photos of my child to be taken whilst on school trips. |  | | I **do not** give consent for the school to take or use photos of my child. |  |  |  |  | | --- | --- | | I give consent for the school to take videos of my child. |  | | I give consent for videos of my child to be used on the school website. |  | | I **do not** give consent for the school to take or use videos of my child. |  |  |  |  | | --- | --- | | I give consent for my child’s name to be printed alongside their photograph on the school website and/or school newsletter. |  | | I give consent for my child’s name to appear on internal displays. |  | | I give consent for my child’s name to be printed in a newspaper/media report of a school event. |  | | I give consent for my child’s work to appear on the school website and/or school newsletter. |  | | I **do not** give consent for my child’s name or work to be printed on the school website and/or school newsletter. |  | | | | | | |
| **Miscellaneous Permissions** | | | | | |
| If you would like to opt out of the following, please indicate in the boxes below:   |  |  | | --- | --- | | I **do not** give consent for photos of my child to be taken by the school photographer. |  | | I **do not** give consent for my child to receive marketing information and/or leaflets in school |  | | | | | | |
| **Please sign and date in the space provided below** | | | | | |
| **Parent/Carer Name** |  | **Signature** |  | **Date** |  |