



Official use only:  
 Class \_\_\_\_\_ Entered on SIMS \_\_\_\_\_

## DATA COLLECTION SHEET

Pearl Hyde Community Primary School is a data controller. We collect your data and your child's data in accordance with the General Data Protection Regulation 2016 and domestic data protection legislation. We process parents/guardian and pupil information for the purpose of fulfilling a legal obligation and in order to educate and safeguard the pupils in our care. For information collected that does not fall under this legal basis, we will always ask for your consent to process this information. Our privacy notice outlines what information we collect, why we collect it, where we collect it from, where it is shared, how long it is stored and your rights as an individual. Please read our privacy notice before completing this form. The privacy notice, data protection policy and record retention schedule can be found on the school's website. Parents/guardians are urged to contact the school as soon as possible if any of the information provided changes over the course of the academic year. Please note that you have the right to withdraw your consent for the sharing of personal information at any time. You can notify us of your consent withdrawal in writing by emailing us at [admin@pearlhyde.co.uk](mailto:admin@pearlhyde.co.uk).

Information About Your Child	
Legal Surname:	Legal Forename:
Preferred Surname:	Preferred Forename:
Middle Name(s):	
Date of Birth:	Gender:
Home Address:	
Postcode:	
Full Birth certificate shown to school: YES / NO	

Home Information - Please give details of all parents/carers who have parental responsibility.	
Please provide documentation (full birth certificate, legal documentation) to verify this statement, as we may rely on the holder of parental responsibility's consent for future reference. This information may be shared in accordance with our privacy notice.	
CONTACT 1	
Has Parental Responsibility: YES/NO	Relationship to Child:
Title: Mrs/Miss/Ms	Full Name:
Address: (if different to child)	
Telephone Numbers (indicate priority contact number with *)	
Mobile:	Home:
Work:	Place of work:
Email Address:	

<b>CONTACT 2</b>	
Has Parental Responsibility: YES/NO	Relationship to Child:
Title: Mrs/Miss/Ms	Full Name:
Address: (if different to child)	
Telephone Numbers: (indicate priority contact number)	
Mobile:	Home:
Work:	Place of work:
Email Address:	

<b>Permission to Use Your Email Address/Mobile Telephone Numbers to Send Routine Communications</b>
<p>You will receive letters and information from the school by either email or text. We find that this is the most efficient way of getting important messages to you. We currently use a system called SchoolComms and our school messages will be sent from the email address Pearl Hyde Primary School [<a href="mailto:SC3312117a@schoolcomms.com">mailto:SC3312117a@schoolcomms.com</a>]. Please make sure you add this address to your address book in order to prevent messages being blocked by your Spam/Junk filters.</p> <p><b>I give permission for my email address and mobile number to be registered with SchoolComms and used to communicate routine information about, but not restricted to, school based activities.</b></p> <p>Parent/Guardian signature .....</p>

**Emergency Contacts – Please give details of any other contacts you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted. The order is very important because if your child becomes ill during the day we need to be able to contact you or someone acting for you who is able to collect your child. Please give at least two contacts.**

Parents should ensure that the details of the emergency contact have agreed for their contact details to be shared with the school and processed for the purpose of being contacted and collecting the child from the school. We process this information to safeguard pupils to comply with a legal obligation under Education Act 2002 s175 (1) and to ensure there will always be a point of contact in an emergency. If there are any changes to the emergency contact, the parent /guardian must inform the school immediately. Please ensure that you have received consent from additional contacts in order for us to contact them to collect your child if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the school day. If the contact has any questions or queries regarding this, please direct them to contact the school on telephone 02476 615165.

<b>CONTACT 3</b>	
Full Name:	Relationship to Child:
Address:	
Telephone Numbers: (indicate priority contact number with *)	
Mobile:	Home:
Work:	Place of work:
<b>CONTACT 4</b>	
Full Name:	Relationship to Child:
Address:	

Telephone Numbers: (indicate priority contact number with *)	
Mobile:	Home:
Work:	Place of work:

### Medical Information

We process medical information in order to safeguard those pupils in our care. It will be necessary to process, store and share this medical information with relevant staff members due to a substantial public interest and for treatment where applicable. This information will be shared with the school nurse and authorised staff members will also have notification of medical information. Where relevant we will share this information with activity providers should you consent on behalf of your child to attend school trips/extra-curricular activities. In order to protect your child's vital interests, we will share this information with the emergency services in the unlikely event of an emergency situation.

If you have any specifications with regards to any treatment that cannot be provided to your child by the emergency services for whatever reason, please note this below.

Doctor's Name:	Telephone Number:
----------------	-------------------

Practise Address:
-------------------

Medical Condition(s) & Allergies: (including food allergies)
--

### Dietary needs (if any – please only tick food type if it is for medical or religious reasons and not a dislike)

It is our legal obligation and necessary for preventive and occupational medicine to process dietary information. It will be necessary to process, store and share this medical information with relevant staff members, such as kitchen staff, due to a substantial public interest and for treatment where applicable. Where relevant, we will share this information with activity providers should you consent on behalf of your child to attend school trips/extra-curricular activities. In order to protect your child's vital interests, we will share this information with the emergency services in an emergency situation.

No special requirements	Vegetarian	Vegan	Gluten free
Nut Allergy	Dairy Allergy	No Eggs	No Gelatine
No Beef	No Pork	No Lamb	No Chicken
No Fish	No Seafood		

Other (please tell us if your child is unable to eat a food not mentioned above for medical or religious reasons)
---

### Meal arrangements: (please tick relevant box)

Free School Meal	Paid School Meal	Packed Lunch	Other
------------------	------------------	--------------	-------

### Usual Mode of Transport to School

We collect this data in order to share this with the Department of Education as part of their census. Please note this is provided on a consensual basis and you can choose not to provide this information, or withdraw this information at a later date by contacting the school. More information can be found here <https://www.gov.uk/guidance/data-protection-how-we-collect-and-share-research-data>.

Walk	Cycle	Car/Van	Car Share
Public Bus Service	Taxi	Any other travel mode	

**Educational History**

We require this information in order to contact any previous school(s) to collect your child's personal data and ensure we have all relevant information regarding your child and to comply with a legal obligation within the Education (Pupil Information) (England) Regulations 2005 Statutory Instrument (S.I.) No.1437.

Name of last school attended (or nursery or playgroup):

Address of last school attended (or nursery or playgroup):

Telephone number of last school attended (or nursery or playgroup):

Reason for leaving:

Date of leaving:

**Ethnic Background**

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please look at the list below and tick one box only to indicate the ethnic background of your child. We collect this information due to our legal obligation under Section 537A of the Education Act 1996 and The Education (Pupil Information) (England) (Miscellaneous Amendments) Regulations 2016.

**White**

British

Traveller of Irish Heritage

Gypsy/Roma

Any other White background

**Black or Black British**

Caribbean

African

Any other Black background

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian Background

**Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

**Chinese****Any other ethnic background**

**I do not wish an ethnic background category to be recorded**

**Languages Spoken**

We collect this to support those who have English as an Additional Language and enhance the learning and education of our pupils. We may share this information with the Local Authority and the Department of Education.

Child's first language

Language(s) spoken at home

**Nationality and Country of Birth**

We collect this data on a consensual basis to understand the demographics of our school and you can choose not to provide this information, or withdraw this information at a later date by contacting the school.

Country of Birth

Child's Nationality (from their passport details)

I do not wish to provide my child's nationality or country of birth (please tick)

**Thank you for completing this form. Please let us know immediately if any of your contact details change. It is very important that we are able to contact you.**

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