



# Netherthorpe School

A designated Science College specialising in Science and Mathematics



Science

## STUDENT DATA FORM

This form should be completed in BLOCK CAPITALS and returned to school as soon as possible.

### STUDENT INFORMATION

Legal Surname of Student .....

Preferred Surname of student (if different from above) .....

Legal Forename(s) of Student .....

Preferred Forename of student (if different from above) .....

Male/Female ..... Date of Birth .....

Previous School Name .....

Student's Permanent Home Address .....

.....

Post Code ..... Telephone No at this address .....

### SIBLING INFORMATION

How many children in the family altogether ..... Students position in family (eg 1<sup>st</sup>, 2<sup>nd</sup> etc) .....

Other children in the **immediate** family (eg. Brother/sister) currently attending Netherthorpe School :

Name ..... Registration Group .....

Name ..... Registration Group .....

Other **immediate** family members (e.g. Brother/Sister) who have attended Netherthorpe in the last 10 years :

Name ..... Year of Leaving .....

Name ..... Year of Leaving .....

If your family has previous connections with Netherthorpe School, please tick the School House with which s(he) was connected. Alternatively, please state which House you would like the student to be in.

SITWELL (Red)		DE RODES (Green)		FRECHEVILLE (Blue)	
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### MEDICAL INFORMATION

Surgery Name & Address .....

Name of Doctor ..... Tel No .....

Does your child suffer from any medical condition of which the School should be aware? YES / NO

If YES, please give details :

## **PARENT / GUARDIAN / EMERGENCY CONTACT INFORMATION**

Information for Parents' Register : The School is required to keep a register of names and addresses of parents/guardian who are eligible to vote in certain school ballots, for instance, election of Parent Governors. The Register can be made available to other parents on request. If you do not want your name and address to be released to other parents, you must inform the Head Teacher in writing. This will not affect your right to vote in school ballots.

### **Contact Person (Priority 1)**

Full Name (Mr/Mrs/Miss/Ms/Dr/Other) .....

Relationship to child ..... Parental Responsibility **YES / NO**

Address .....

..... Post Code .....

Occupation ..... Place of Employment .....

Tel No Home ..... Work ..... Mobile .....

Email Address (Please write clearly) .....  
(This would only be used to inform you of school events / general school information etc)

### **Contact Person (Priority 2)**

Full Name (Mr/Mrs/Miss/Ms/Dr/Other) .....

Relationship to child ..... Parental Responsibility **YES / NO**

Address .....

..... Post Code .....

Occupation ..... Place of Employment .....

Tel No Home ..... Work ..... Mobile .....

Email Address (Please write clearly) .....  
(This would only be used to inform you of school events / general school information etc)

### **Contact Person (Priority 3)**

Full Name (Mr/Mrs/Miss/Ms/Dr/Other) .....

Relationship to child .....

Address .....

..... Post Code .....

Tel No Home ..... Work ..... Mobile .....

### **Contact Person (Priority 4)**

Full Name (Mr/Mrs/Miss/Ms/Dr/Other) .....

Relationship to child .....

Address .....

..... Post Code .....

Tel No Home ..... Work ..... Mobile .....

Please indicate whether Parent/Guardian is employed within the Armed Forces

YES / NO

Please Indicate below any other adults who do not live with the student but have parental responsibility e.g. Mother of child, Father of child – only if married to mother at time of child's birth, or child's conception or at a time afterwards.

Full Name .....

Relationship to child ..... Parental Responsibility YES / NO

Address .....

..... Post Code .....

Is there any information (e.g. domestic circumstances) of which the School should be aware? YES / NO

If YES, please give details :

**LUNCH TIME ARRANGEMENTS**

Please tick **one** box : the most commonly used

School Meal	<input type="checkbox"/>	
Free School Meal	<input type="checkbox"/>	Please obtain an application from Netherthorpe School Office
Packed Lunch	<input type="checkbox"/>	
Going Home	<input type="checkbox"/>	
Going to Relatives	<input type="checkbox"/>	(*) If going to relatives, please indicate name, address & Tel Number below

(\*) .....

**TRAVEL ARRANGEMENTS**

Please tick **one** box : the most commonly used

Car or Van	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Car Share	<input type="checkbox"/>	Train	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Public Bus Service	<input type="checkbox"/>	Other	<input type="checkbox"/>

**CONSENT**

**Connexions**

Do you consent to all the information given above being shared with all agencies listed on the Fair Processing Notice enclosed with the School Data Form (including Connexions/Careers)? (please tick as appropriate)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If you have ticked "No", the information provided to Connexions will be restricted to Name and Address (including postcode).

**Safety in Physical Education** (Please tick (1) or (2) as appropriate):

1. My child wears sleeper earrings. I understand that my signature at the end of form indicates that I request s(he) be allowed to wear them in PE/Games. I understand also that to do so means that s(he) will run the risk of suffering pain or injury ..... (1)
2. My child does not wear sleeper earrings. .... (2)

**Design/Technology & Art Lessons**

For these lessons pupils may be invited to bring materials into school or a charge may be made for the finished products if the materials have been provided by the school and you wish to retain them. (eg. glazed pottery pieces, food technology ingredients, textile fabrics, craft, design and technology materials). I understand that I may be asked to provide materials or make a contribution towards the cost of materials used during Design & Technology lessons where the product is to be brought home.

**ETHNICALLY BASED STATISTICS**

Following recent reports on the matter the Department for Education have asked us to invite you to circle the Ethnic, Language and Religious groups to which your child belongs.

I would like to emphasize that filling in this part of the form is purely voluntary. However, I would appreciate your cooperation as the information can improve the quality of education the school provides.

If you choose not to complete this part of the form, please tick this box  No assumptions will be made and your child will be classified on our records as 'declined'.

**Ethnic Origin:** (Please tick as applicable)

WHITE		MIXED	
British		White & Black Caribbean	
Irish		White & Black African	
Traveller of Irish Heritage		White & Asian	
Gypsy/Roma		Any other mixed background	
Any Other white background			
ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH	
Indian		Caribbean	
Pakistani		African	
Bangladeshi		Any other Black background	
Any other Asian Background			
CHINESE		ANY OTHER ETHNIC BACKGROUND (please specify)	

**Language/Mother Tongue:** (Please tick as applicable)

English		Spanish		Turkish		Hindi	
Italian		Portuguese		Urdu		Bengali	
Cantonese		Greek		Punjabi		Gujerati	

Other : please specify .....

**Does your child speak English as an alternative Language? Y / N**

**Religion** Please tick as applicable

Christian		Muslim		No Religion	
Hindu		Sikh		Refused	
Jewish		Buddhist			

Other : please specify .....

**Signed .....** (Parent/Guardian) **Signed.....** (Pupil)

The information from this form will be put on our computer, and in accordance with the Data Protection Act 1998 : I have to inform you of this.

**Mr A C Senior (Headteacher)**