

This completed form should be returned to Mrs C Nadin, Netherthorpe School, Ralph Rd, Staveley, Chesterfield, S43 3PU

# Netherthorpe School

## DATA FORM



**IMPORTANT : PLEASE COMPLETE EACH SECTION OF THIS FORM**

Student's Legal SURNAME..... Full Legal FORENAME(S) .....  
*(Please circle preferred forename)*

Male / Female ..... Student's Date of Birth ..... Home Tel No .....

Student's Home Address .....  
..... Postcode .....

Student's Country of Birth ..... Student's National Identity .....

**The School uses Emails & SMS to communicate with Parents/Guardians & Students. All contacts with parental responsibility will receive communication from the School. Unless evidence is provided, it is assumed that both birth parents have parental responsibility and will therefore receive copies of correspondence etc.**

**Do you wish to receive electronic communications from School** YES  NO  (please tick as appropriate)

**FATHER :** ..... Parental Responsibility? **YES / NO**

Address: ..... Post Code: .....

Home Tel No: ..... Mobile No: ..... Work Tel No: .....  
*(Please circle which is the main contact number Home/Work/Mobile)*

Place of Work: ..... Occupation: .....

Email Address: **(Please write clearly)**

**MOTHER :** (Miss/Mrs/Ms) ..... Parental Responsibility? **YES / NO**

Address: ..... Post Code: .....

Home Tel No: ..... Mobile No: ..... Work Tel No: .....  
*(Please circle which is the main contact number Home/Work/Mobile)*

Place of Work: ..... Occupation: .....

Email Address: **(Please write clearly)**

**ILLNESS/INJURY : IN CASE OF EMERGENCY:** In the event of illness/injury, if neither parent is available, who should be contacted?

**Please confirm that you have this person's consent to pass on their contact information to the School** **YES / NO**

Name: Mr/Mrs/Miss/Ms ..... Relationship to the student: .....

Address: ..... Post Code: .....

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

### OTHER ADULTS:

If there are other adults legally entitled / with parental responsibility, who should receive information about student progress, enter their names and contact details.:

**Please confirm that you have this person's consent to pass on their contact information to the School** **YES / NO**

Name: Mr/Mrs/Miss/Ms ..... Relationship to the student: .....

Address: ..... Post Code: .....

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

### SCHOOL HOUSE:

If your family has connections with Netherthorpe School please tick the School House with which s(he) was connected.

Please note that whilst every effort is made, it is not always possible to allocate your preferred choice.

SITWELL (Red)

DE RODES (Green)

FRECHEVILLE (Blue)

**PLEASE COMPLETE THE SECTIONS OVERLEAF → → → → →**

**SCHOOL ATTENDED IMMEDIATELY BEFORE NETHERTHORPE:** .....

**SIBLING INFORMATION:** How many children in the family altogether? ..... Student position in the family (e.g. 1<sup>st</sup>, 2<sup>nd</sup> etc.) .....

**BROTHERS/SISTERS WHO ATTEND(ED) NETHERTHORPE:**

Name: ..... Registration Group or Year of Leaving: .....

Name: ..... Registration Group or Year of Leaving: .....

**CONSENT / PARENTAL PERMISSIONS:**

**Safety in PE Lessons:**

My child wears stud earrings. I understand that students are not allowed to wear studs during PE lessons. However, I am aware that students must wear a plaster (provided by parents) over newly pierced ears for the first 6 weeks during PE /Games lessons. I understand that school will not be responsible for any injury relating to the wearing of earrings during PE/Games lessons

My child does not wear stud earrings

**Trips and Visits:**

- I give permission for my child to take part in local visits with walking distance during school time. **YES / NO**
- I give permission for my child to take part in Leisure Centre visits, swimming or other sporting events during the school day and to travel on the coach provided when appropriate. **YES / NO**
- I give permission for my child to take part in sports fixtures outside school hours and to travel on the coach provided when appropriate. **YES / NO**

**Photographs:**

- I give permission for my child to be individually photographed or videoed where the pictures are to be displayed only within the Cavendish Learning Trust and Netherthorpe School or sent home for purchase. **YES / NO**
- I give permission for my child to be photographed or videoed by or for the media (e.g. press/television) and for the child's name to be released for publication such that the child might be identified as an individual or as part of small group both within the Cavendish Learning Trust & Netherthorpe School. **YES / NO**

The answers to the questions above will cover all your child's time at Netherthorpe School. If you wish to change any of the authorisations, please contact Mrs C Nadin, Sims Manager, Netherthorpe School.

**LUNCHTIMES:**

Please circle the arrangements you have agreed with your child for lunchtimes:  
School Meal / Packed Lunch / Home

Does your child currently have Free School Meals? **YES / NO**

If you feel that you are eligible for Free School Meals please complete an application form available from the Main School Office or School Website.

Special Dietary Requirements .....

**ETHNICITY: Please tick appropriate box**

White British	Gypsy/Roma	
White Irish	Indian	
White & Asian	Pakistani	
White & Black African	Traveller of Irish Heritage	
White & Black Caribbean	Any Other White Background	
Any Other Asian Background	Any Other Mixed Background	
Any Other Black Background	Any Other Ethnic Group	
Bangladeshi	Declined	
Black African		
Black Caribbean		
Chinese		

**First Language** .....  
(Language taught from birth)

**Home Language** .....  
(Language spoken in family home)

Does your child speak English as an alternative language? **YES / NO**  
If Yes, please give the name of the language spoken at home (mother tongue) .....

**DATA PROTECTION:**

The information given on this form may shared with other agencies (see Privacy Notice, enclosed or on the school website).

The information from this form will be put on our computer, and stored in accordance with the General Data Protection Regulation 2018.

**YOUTH SUPPORT SERVICES:**

Do you agree to be contacted by the Youth Support Services E.g. Careers Service? **YES / NO**

**HOME SCHOOL AGREEMENT:**

Please sign below to indicate that you have read and understood the agreement you are making with the school. (Available on School Website)

Parent Signature .....

Student Signature .....

**ICT ACCEPTABLE USE POLICY:**

Please sign below to indicate that you have read and understood the ICT Acceptable Use Policy . (Available on School Website)

Parent Signature .....

Student Signature .....

**TRAVEL ARRANGEMENTS:**

Method of transport to school: this should be either the longest journey time where student uses more than one mode of travel, or the most frequently used, if a student uses different modes of travel in a week.

**Only tick ONE Box**

Car		Taxi	
Car Share		Walk	
School Bus	Route No:	Cycle	
Public Bus Service	Route No:	Other	

**PLEASE STATE IF THERE ARE ANY ADDITIONAL DETAILS YOU FEEL THE SCHOOL SHOULD BE AWARE OF:**

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In the event of an emergency, please check that you have provided more than one contact number

# MEDICAL INFORMATION FORM

Student's Surname ..... Student's Forenames .....  
Student's Date of Birth ..... Home Tel No .....  
Student's Home Address ..... Postcode .....

## INTRODUCTION

The information contained on this medical form covers your child for their time in School and also when taking part in sporting activities or trips. This will remain on file for the duration of your child's time at Netherthorpe.

**It is vital that any changes to the details given below are reported to the School immediately.**

**Students will only be able to go on school visits following completion and return of this form.**

## MEDICAL INFORMATION

PLEASE GIVE DETAILS OF ANY ILLNESSES OR MEDICAL CONDITIONS WHICH THE SCHOOL / TRIP LEADER NEEDS TO BE AWARE OF:

.....  
.....  
.....  
.....

If your child requires specific medication, please complete additional Medical Forms, A, B and / or General Care Plan available on School Website

### INHALERS / EPIPENS :

Students using inhalers are expected to carry this with them at all times.

A spare should be held in the Medical Room.

Students with an EpiPen are expected to carry this with them at all times.

A spare should be held in the Medical Room.

### IS YOUR CHILD ALLERGIC TO ANY MEDICATION?

Yes  No

If Yes, Please provide details .....

### PLEASE INDICATE BELOW IF YOUR CHILD CAN BE GIVEN THE FOLLOWING PAIN RELIEF MEDICATION IF NECESSARY:

Paracetamol  Ibuprofen

### IS YOUR CHILD'S TETANUS IMMUNISATION UP TO DATE? (If in doubt, please contact your GP)

Yes  No

### PLEASE PROVIDE DETAILS OF YOUR FAMILY DOCTOR:

Practice Name & Address .....

Telephone Number ..... Name of Doctor .....

## INSURANCE

The School has arranged personal accident insurance for students on school visits and restricted insurance against loss of personal effects. Additional insurance will be taken out for residential visits and trips abroad. In these cases further details regarding insurance will be provided. Parents/Guardians are advised to check the extent and level of the insurance cover with the teacher in charge and take out additional cover if they wish.

## MEDICAL DECLARATION

This declaration covers your child's time spent in School and also on activities and trips.

I agree to my child receiving emergency dental, medical or surgical treatment (including anaesthetic and blood transfusion as considered necessary by the medical authorities present).

I agree to inform the Head of Section, in writing, of any change in the medical circumstances of my child as soon as possible and prior to any trip or visit.

I understand the extent and limitations of the insurance cover provided. Please contact the School if any of these details are not clear)

Name of Parent/Guardian (Please Print in Capitals) .....

Signature of Parent/Guardian ..... Date Signed .....