

GROBY COMMUNITY COLLEGE: STUDENT DATA FORM



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA where necessary. Please print in the areas below

Please provide as much information as possible about your child.

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____ Middle Name(s): _____

Preferred Surname: _____ Preferred Forename: _____

Postcode: _____ Home telephone number: _____

Student Main Address: _____

Is this child in care now? Yes / No (delete as applicable)

Has this child been adopted from Care? Yes / No (delete as applicable)

Ethnicity:

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded

This information was provided by

Parent Student

Religion:

Buddhist Jewish Hindu Sikh

Christian Muslim No religion Other religion

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Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Prioritise in the order that you wish for them to be contacted in an emergency.

<u>Contact Information: Parent/Carer</u>		Priority																																																
Title and Surname: _____ Forename: _____		1																																																
Home Phone: _____ Mobile: _____		Currently serving in Regular HM Forces Military units? <input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>																																																
Work Phone: _____																																																		
Main contact number during school hours 8:40 – 3:10 : HOME / MOBILE / WORK (Please circle main no.)																																																		
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Relationship to Student: _____ Parental Responsibility: Yes/No																																																		

<u>Contact Information: Non-Parental Contact</u>		Priority
Title and Surname: _____ Forename: _____		3
Home Phone: _____ Mobile: _____		
Relationship to Pupil: _____		

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Dietary Requirements:

Artificial Colouring Allergy	<input type="checkbox"/>	No Pork	<input type="checkbox"/>	No Dairy Produce	<input type="checkbox"/>
Gluten Free	<input type="checkbox"/>	Halal	<input type="checkbox"/>	Kosher Foods Only	<input type="checkbox"/>
No nuts of any type/quantity	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Seafood Allergy	<input type="checkbox"/>

Does your child have any other dietary requirements that the college should be aware of?

Medical Information:

Does your child have any medical conditions that the college should be aware of? *

*Please note that if a student needs to keep medication on site, it can be stored in a locked medical cabinet and we require parental permission to administer the medicine. A form is available on request from Reception to arrange this.

First Language:

A **First Language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

First Language: _____ **Other Languages Spoken: (in order of importance):**

1. _____

2. _____

Parent/Carer Name (Please print) : _____

Parent/Carer Signature: _____ **Date:** _____

Please return to:

Admissions, Groby Community College, Ratby Road, Groby, Leicester LE6 0GE