

S11/1 Data Collection on Admission to School: Pupil Information

This form is for completion by the Parent/Guardian of every child **once** they have been given a place at the school.

Parents/Guardians must also complete S11/2 giving **your** contact details as well as information on people to be contacted in the event of an emergency.

Please provide as much of the following information as you can. If you need help in completing the form, please ask the School Administrator/Secretary/Bursar. The grey shaded areas are for the school's use. Please return your completed form to the school.

School

1 Pupil's basic details

Legal surname* Legal forename

Gender ☐ Male ☐ Female Date of Birth Middle names(s)

Preferred surname* (If different) Preferred forename (if different)

* please see note under 'General Principles for Schools' on the S11/2 Contacts Information Form

For schools use only

Birth certificate seen? ☐ Please tick if you have seen the child's Birth Certificate or any other legal document e.g. Deed Poll, specifying the **Legal** surname of the child.

Admission date Admission no. UPN

2 Pupil's address

Address
 Postcode

3 Pupil's medical details

Emergency consent? e.g. the school has permission to give/arrange emergency treatment, including administering of mild analgesic ☐ Yes ☐ No

Dietary needs: please tick any that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Artificial colouring allergy | <input type="checkbox"/> Kosher foods only | <input type="checkbox"/> No pork |
| <input type="checkbox"/> Gluten free | <input type="checkbox"/> No dairy produce | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Halal | <input type="checkbox"/> No nuts of any type or quantity | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

Medical practice

Doctor's name Surgery name

Surgery address
Tel no:

Other medical information
e.g. asthma, diabetes

4 Ethnicity / religion / first language / nationality details

Ethnicity*

Ethnic information was provided by:

☐ Parent ☐ Pupil

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner recommends that young people aged 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.

Please tick one box only

White

- ☐ British
☐ Irish
☐ Traveller of Irish Heritage
☐ Gypsy/Roma
☐ Greek/Greek Cypriot
☐ Turkish/Turkish Cypriot
☐ Western European ¹
☐ Eastern European ²
☐ Other ³

Chinese

- ☐ Hong Kong Chinese
☐ Other Chinese ⁴
Black or Black British
☐ Caribbean
☐ African
☐ Any other Black background

Any other ethnic background

- ☐ Afghan
☐ Arab ⁵
☐ Filipino
☐ Iranian
☐ Japanese
☐ Malay ⁶
☐ Thai
☐ Any other Ethnic group ⁷

Mixed

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

Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

☐ I do not wish an ethnic background to be recorded

Notes:

1 Western European includes: Italian, French, German, Spanish, Portuguese and Scandinavian

2 Eastern European inc: Russian, Latvian, Ukrainian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Montenegrin and Romanian.

3 Other White Background includes: any white category not previously mentioned e.g. Albanian, Australian, Bosnian-Herzegovinian, Canadian, Croatian, Kosovan, New Zealander, North American, Serbian/Yugoslavian.

4 Other Chinese includes: Mainland Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, any other non-Hong Kong Chinese.

5 Arab includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian.

6 Malay includes Malaysian other than Malaysian Chinese (see Note 4).

7 Any other ethnic group includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (inc. Kurdish pupils from Iraq, Iran and Turkey), Latin/South/ Central American (inc. Cuban and Belizean), Lebanese, Libyan, Moroccan, Polynesian (inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni.

Religious affiliation: please tick one box only

- ☐ Baha'i ☐ Christian ☐ Jewish ☐ Sikh ☐ No religion
☐ Buddhist ☐ Hindu ☐ Muslim ☐ Other* ☐ Decline to answer

* Please specify

Pupil's first language¹ What was the first language your child understood/spoke?

- ☐ English ☐ Other, please specify ☐ Decline to provide

Asylum status (please tick if either of the following apply) ☐ this pupil is seeking asylum ☐ this pupil is a refugee

¹ *The Department for Education advise that this information will help them understand a range of factors, allowing them to better plan to meet needs within the school system.*

Meals

Please tick to indicate which of the following your child is most likely to have:

- ☐ Free school meal ☐ Sandwiches ☐ School Meal

Note: it is important that parents of Foundation / Key Stage 1 pupils apply for free school meals. For information on how to apply please visit <https://new.devon.gov.uk/educationandfamilies/school-information/school-meals>

Mode of travel

Please tick to indicate which of the following your child is most likely to use to get to school:

- ☐ Bicycle ☐ Car share ¹ ☐ Dedicated school bus ² ☐ Taxi ☐ Walk
☐ Car/van ☐ Public service bus ² ☐ Bus (type not known) ² ☐ Train ☐ Other

¹ with child/children from a different household

² Route (if known)

Inclement Weather

If it is necessary to close the school due to inclement weather, please tick to indicate the preferred action for your child:

- ☐ Walk home from school ☐ Travel home on the school bus/taxi or public bus
☐ Remain in school until they can be collected at 3.10pm

Photo Consent

As part of our promotional work, we sometimes use photographs of our students to promote a positive image of the School. The photography may be used on a number of occasions (newsletters, website, etc) in the future but access will be carefully restricted. If you do not wish your child's photograph to be used, please tick here. ☐

Service child

Does this child have a parent(s) in regular HM Forces military units? ☐ Yes ☐ No
 (applies to children whose parents are Pstat Cat1 or Pstat Cat2)

For further information please see 'MOD personnel categories definition' in the Additional Guidance section of our website at <https://new.devon.gov.uk/supportforschools/administration/school-census>

Recoupment

The following information is required so that the Local Authority can recover the cost of educating children who are not its responsibility, mainly because the child's normal place of residence falls within a different Local Authority.

Please tick the appropriate box if you pay Council tax to one of the following Councils:

- ☐ Cornwall ☐ Plymouth ☐ Torbay
☐ Dorset ☐ Somerset ☐ Other (ie, not Devon or one of the others listed)

Linked agencies

It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child, for example Social Care (i.e. Social Services)*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below:

* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child, e.g. Devon, Torbay etc below.

☐ Child in care Local Authority responsible for child:

Special Education Needs

Please tick if this child has Special Educational Needs (i.e. has a Statement for Special Education Needs or an Education and Health Care Plan (EHCP) or is currently being assessed).

☐

Previous school

Please provide details of the last school attended (includes Nursery Schools/Units or Pre-Schools/Playgroups)

School name

School address (if known)

School tel no. (if known)

Date of arrival at previous school * Date of leaving previous school *

*an approximate date would be helpful if the exact date is not known e.g. September 2017

Reason for leaving, e.g. moved house, normal school transfer age

Siblings please give details of any other children in your family with their dates of birth.

Forename(s)	Surname	Date of birth
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>

6 Parent signature

Your signature Date

Please complete form S11/2 Data Collection on Admission to School – Contacts

7 What we (the school) does with the information you have provided on this form (GDPR)

The information you provide on this form will be used to register your child with our school and to help us build a picture of your child's educational, social and health needs, so we can support them accordingly.

Further information about how we handle personal information and your rights is available in our Data Protection Privacy Notices which can be found on our website at <https://www.ventrus.org.uk/our-people/privacy-notices/>

8 What the Local Authority does with some of the information in this form

Devon County Council uses information about children and young people to enable it to carry out specific functions for which it is responsible. The Council also uses this personal data to derive statistics which inform decisions it makes (e.g.) regarding the funding of schools, assess their performance and to set targets for them. These statistics are used in such a way that individual children cannot be identified.

Further information on how the Local Authority uses your data is available in "What the LA does with your data" guide <https://www.devon.gov.uk/supportforschools/administration/information-governance/privacy-notices>

S11/2 Data collection on admission to school: contacts information

1

Pupil's basic details

Name of child contact details are for

UPN (for schools use only)

Please give details of everyone who has parental responsibility (see Note of page 6) and anyone else to be contacted in an emergency. Please give details of parents/guardians first but give a low number in the "contact priority" box for any other people who should be contacted in an emergency. (Contact priority 1, i.e. the first person to contact in an emergency, contact priority 2, i.e. the second person to contact in an emergency, etc).

2

Your details

Surname

Forename(s)

Gender

☐

Male

☐

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child - please tick to indicate which of the following applies:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social worker | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/spiritual contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Foster father | <input type="checkbox"/> Step mother | <input type="checkbox"/> Other contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'parental responsibility'? (see end of document for guidance)

☐ Yes

☐ No

Is there a Court Order relating to this child?

☐ Yes

☐ No

Contact priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Telephone numbers(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home

☐

Work

☐

Mobile

☐

Other

☐

Email

Home

Work

Address (if different from the address given for the child)

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

☐ Yes

☐ No

Place of work

3.1

Parent / contact

Surname

Forename(s)

Gender

☐

Male

☐

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child - please tick to indicate which of the following applies:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social worker | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/spiritual contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Foster father | <input type="checkbox"/> Step mother | <input type="checkbox"/> Other contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'parental responsibility'? (see end of document for guidance)

☐ Yes

☐ No

Is there a Court Order relating to this child?

☐ Yes

☐ No

If an absent parent, do they require copy reports?

☐ Yes

☐ No

If an absent parent, do they require copy correspondence?

☐ Yes

☐ No

Contact priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Telephone numbers(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home

☐

Work

☐

Mobile

☐

Other

☐

Email

Home

Work

Address (if different from the address given for the child)

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

☐ Yes

☐ No

Place of work

3.2

Parent / contact

Surname

Forename(s)

Gender

☐

Male

☐

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child - please tick to indicate which of the following applies:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social worker | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/spiritual contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Foster father | <input type="checkbox"/> Step mother | <input type="checkbox"/> Other contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'parental responsibility'? (see end of document for guidance)

☐ Yes

☐ No

Is there a Court Order relating to this child?

☐ Yes

☐ No

If an absent parent, do they require copy reports?

☐ Yes

☐ No

If an absent parent, do they require copy correspondence?

☐ Yes

☐ No

Contact priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Telephone numbers(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home

☐

Work

☐

Mobile

☐

Other

☐

Email

Home

Work

Address (if different from the address given for the child)

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

☐ Yes

☐ No

Place of work

3.3

Parent / contact

Surname

Forename(s)

Gender

☐

Male

☐

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child - please tick to indicate which of the following applies:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social worker | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/spiritual contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Foster father | <input type="checkbox"/> Step mother | <input type="checkbox"/> Other contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'parental responsibility'? (see end of document for guidance)

☐ Yes

☐ No

Is there a Court Order relating to this child?

☐ Yes

☐ No

If an absent parent, do they require copy reports?

☐ Yes

☐ No

If an absent parent, do they require copy correspondence?

☐ Yes

☐ No

Contact priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Telephone numbers(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home

☐

Work

☐

Mobile

☐

Other

☐

Email

Home

Work

Address (if different from the address given for the child)

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

☐ Yes

☐ No

Place of work

3.4

Parent / contact

Surname

Forename(s)

Gender

☐

Male

☐

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child - please tick to indicate which of the following applies:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social worker | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/spiritual contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Foster father | <input type="checkbox"/> Step mother | <input type="checkbox"/> Other contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'parental responsibility'? (see end of document for guidance)

☐ Yes

☐ No

Is there a Court Order relating to this child?

☐ Yes

☐ No

If an absent parent, do they require copy reports?

☐ Yes

☐ No

If an absent parent, do they require copy correspondence?

☐ Yes

☐ No

Contact priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Telephone numbers(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home

☐

Work

☐

Mobile

☐

Other

☐

Email

Home

Work

Address (if different from the address given for the child)

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

☐ Yes

☐ No

Place of work

What is parental responsibility?

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

- where they live
- what medical treatment the child should receive
- what education they receive, including which school they should attend

Who has parental responsibility?

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

People other than a child's natural parents can acquire parental responsibility through;

- Being granted a residence order or a child arrangement order (from 2014)
- Being appointed a guardian (by a court or by the mother or other guardian)
- Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
- Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child

For further information please see: <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

Everyone who is a parent, whether they are a resident or non-resident parent, has the same right to participate in decisions about a child's education and receive information about the child.

School staff must treat all parents equally, unless there is a court order limiting an individual's exercise of parental responsibility. Individuals who have parental responsibility for, or care of, a child have the same rights as natural parents, for example:

To receive information e.g. pupil reports

To participate in activities e.g. vote in elections for parent governors

To be asked to give consent e.g. to the child taking part in school trips

To be informed about meetings involving the child, e.g. a governors' meeting on the child's exclusion

We have received the following advice from the County Solicitor's office concerning pupil surnames:

Where only one person holds parental responsibility for a child, he or she has the legal right to effect a change of the child's surname without any permission or consent.

Where more than one person has parental responsibility for a child, the surname of a child can only be changed with the consent or agreement of all those having parental responsibility for a child.

Where two or more people have parental responsibility for a child and there is in force either a residence or care order, then one of those people can only lawfully cause a change of the child's surname if all other people with parental responsibility consent in writing.

In any other situation it is necessary for the person seeking to change a child's surname to obtain an appropriate order from a court.