

The **Bulwell** Academy
STUDENT DATA ENTRY FORM
2017 – 2018 (2)



PLEASE COMPLETE THIS FORM AND RETURN TO THE BULWELL ACADEMY

It is essential that we ensure the information we hold on our system about your child and you (ie, parent / carer contact details) is accurate and up to date. This is for the safety of your child and to enable us to contact you in an emergency.

Please complete this form as fully as possible and return it to Kay Lankester, Administration Manager.

Please include your email address (if you have one) in order that we can send updates / reminders and letters to you by email in the future.

The information you give us will be maintained on the school’s database to which no unauthorised person has access. The database will be subject to strict controls to ensure compliance with the Data Protection Act 1998.

We are required by law to pass some information about you to the Department for Education (DfE) and, in turn, this will be available for the use of the Local Authority.

Once a student is 13, we are also required to pass some information to the Youth Support Services Agreement (the government’s information and advice service for young people). Please tick the box if you do not wish information to be shared.

We will not give information about you to anyone outside the Academy without your consent unless the law and our rules allow us to.

If you have any queries, or require help to complete your form, please do not hesitate to contact us:



Mrs Kay Lankester, Administration Manager
 The Bulwell Academy
 Squires Avenue
 Nottingham NG6 8HG

Tel: 0115 964 7640

Website: www.bulwellacademy.co.uk

STUDENT’S DETAILS

| | |
|---|---|
| Student’s Surname | Student’s First Name(s) |
| Full Name Student is Known by (if different to above) | Date of Birth |
| Home Address | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Postcode | Last School Attended (before Bulwell Academy) |



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| Home Phone | | |
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FIRST PARENT / CARER CONTACT DETAILS

| | | |
|----------------------|------------|---------|
| Title (Mr/Mrs/Ms/Dr) | First Name | Surname |
|----------------------|------------|---------|

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|------------------------|--------|--------------------------|--------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|
| Relationship to Child? | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Step Mother | <input type="checkbox"/> | Step Father | <input type="checkbox"/> | Other | <input type="checkbox"/> |
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| Home Address | Work Address |
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| Postcode | | Postcode | |
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| Home Phone | | Work Phone | |
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| Mobile | | Tick if this person has parental responsibility | <input type="checkbox"/> |
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SECOND PARENT / CARER CONTACT DETAILS

| | | |
|----------------------|------------|---------|
| Title (Mr/Mrs/Ms/Dr) | First Name | Surname |
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|------------------------|--------|--------------------------|--------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|
| Relationship to Child? | Mother | <input type="checkbox"/> | Father | <input type="checkbox"/> | Step Mother | <input type="checkbox"/> | Step Father | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|------------------------|--------|--------------------------|--------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|

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| Home Address | Work Address |
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| Postcode | | Postcode | |
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| Home Phone | | Work Phone | |
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|--------|--|---|--------------------------|
| Mobile | | Tick if this person has parental responsibility | <input type="checkbox"/> |
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OTHER CONTACT DETAILS (for use in emergencies)

| First Name | Surname | Relationship | Phone Number |
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MEDICAL INFORMATION

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| Does your child have any health or disability issues that we should be aware of, eg, asthma, diabetes, epilepsy, allergies, hearing difficulties, etc? Please give details below. |
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EMERGENCY TREATMENT

At times students have accidents and we wish to ensure that we can act as quickly as possible to treat any injury or illness. Please tick the box if you give permission for your child to be taken to hospital for emergency treatment if necessary in your absence.

DOCTOR'S DETAILS

| Name of Doctor | Health Centre / Surgery | Phone Number |
|----------------|-------------------------|--------------|
| | | |

ETHNICITY (please tick)

| | | |
|---|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black African | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White English | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White European | <input type="checkbox"/> Black European | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> White Western European | <input type="checkbox"/> Any Other Black Background | <input type="checkbox"/> White and Any Other Ethnic Group |
| <input type="checkbox"/> White Eastern European | <input type="checkbox"/> Any Other Mixed Background | <input type="checkbox"/> Latin / South / Central American |
| <input type="checkbox"/> Any Other White Background | <input type="checkbox"/> Any Other Asian Background | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Refused |

| | |
|---|--|
| Home Language (language spoken at home) | |
| First Language (preferred language) | |
| Country of Origin | |
| Religion | |

OTHER INFORMATION

| Does this student have brothers or sisters at Bulwell Academy? If so please name them. | Name | Year |
|--|------|------|
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| Is the Student in Care? | <input type="checkbox"/> | Name of Care Authority | |
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| Please tick if the Student has status as an: | Asylum Seeker <input type="checkbox"/> | Refugee <input type="checkbox"/> | Traveller <input type="checkbox"/> |
|--|--|----------------------------------|------------------------------------|

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|---|-------|----------------------|------|----------------------|
| If Asylum Seeker or Refugee, please state date of arrival in the UK | Month | <input type="text"/> | Year | <input type="text"/> |
|---|-------|----------------------|------|----------------------|



COMMUNICATION

| | | | | |
|---|------------|--------------------------|-----------|--------------------------|
| Do you have access to the internet? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Would you be willing to receive correspondence via email? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes above, please provide your email address below.

Email Address



PHOTOGRAPHS

Occasionally we take photographs of activities at the Academy. Please tick the box if you would **NOT** wish any photograph or video of your child at Bulwell Academy to be used by us for educational or publicity purposes.



BIOMETRICS

The Bulwell Academy uses a biometric system (fingerprint ID recognition) to administer the catering service. Please tick if you do **NOT** wish your child to access meals in this way.



CCTV SURVEILLANCE

• **Within The Bulwell Academy**

The Academy has a large number of surveillance cameras in place across the campus to ensure the safety of all our students, staff and visitors. These cameras also monitor and track student behaviour. Whilst these are not constantly watched, these cameras provide evidence to identify negative behaviour and will be used as part of the disciplinary procedure. Where a student causes damage to school, the Academy will pass any repair costs on to the parent/carer

• **On Public Transport**



To address safety issues that arise on school children's journeys to and from school, Nottingham City Transport and the Nottingham Tram operators will be using full CCTV coverage of these journeys to minimise any behaviour that could affect the safety of school children or other passengers.



DBS checked officers from these companies can show the footage to staff at schools. Where a matter is deemed to be a crime or an assault, the police will be involved. The type of behaviour the companies will bring to the Academy's attention could be, for example, tampering with safety equipment, running around, annoying other passengers.

Signed: _____ (Parent/Carer) Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE BULWELL ACADEMY