



Student Data Entry Form 2018 - 2019

PLEASE COMPLETE THIS FORM AND RETURN TO THE BULWELL ACADEMY

It is essential that 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.

The information you give us will be maintained on the Academy's database to which no unauthorised person has access. The database is subject to strict controls to ensure compliance with General Data Protection Regulation (GDPR).

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

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 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 The Bulwell Academy)	
Home Phone			

FIRST PARENT / CARER CONTACT DETAILS

Title (Mr/Mrs/Ms/Dr)		First Name		Surname	
Relationship to Child?	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step Parent <input type="checkbox"/>	Legal guardian <input type="checkbox"/>	Other <i>Please state</i> <input type="text"/>
Home Address			Work Address		
Postcode			Postcode		
Home Phone			Work Phone		
Mobile			Tick if this person has parental responsibility <input type="checkbox"/>		

SECOND PARENT / CARER CONTACT DETAILS

Title (Mr/Mrs/Ms/Dr)		First Name		Surname							
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"/>
Home Address						Work Address					
Postcode						Postcode					
Home Phone						Work Phone					
Mobile						Tick if this person has parental responsibility <input type="checkbox"/>					

OTHER CONTACT DETAILS (for use in emergencies)

First Name	Surname	Relationship	Phone Number

MEDICAL INFORMATION

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.

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 Carribean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White European	<input type="checkbox"/> Black European	<input type="checkbox"/> White and Black Carribean
<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

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"/>
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**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	<input type="text"/>
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PHOTOGRAPHY AND VIDEO RECORDINGS

Listed below are the purposes for which The Bulwell Academy/CET may use digital photography and video recordings. Please tick alongside each purpose below to indicate your consent:



Yes	No	Please tick
<input type="checkbox"/>	<input type="checkbox"/>	Yes or No to all of the below.
Or		
<input type="checkbox"/>	<input type="checkbox"/>	In-school presentations and displays about the work of the Academy or the CET to share information, good practice, and celebrate achievements.
<input type="checkbox"/>	<input type="checkbox"/>	External presentations and displays about the work of the Academy or the CET to share information, good practice, and celebrate achievements.
<input type="checkbox"/>	<input type="checkbox"/>	The website of the Academy or CET.
<input type="checkbox"/>	<input type="checkbox"/>	Social Media pages (e.g., Facebook, Twitter) for the Academy or CET.
<input type="checkbox"/>	<input type="checkbox"/>	In media/newsletters (print and television) coverage of the Academy or CET.



BIOMETRICS



I give consent for information from the finger ID of my child being taken and used by The Bulwell Academy as part of an automated biometric recognition system for payment for food and refreshments.

I understand that I can withdraw this consent at any time by writing to Mrs Bingham, Vice Principal at The Bulwell Academy.

YOUTH SUPPORT SERVICES



Once a student is 13, we are 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 give consent** for your information to be shared.

CAREERS ADVICE & GUIDANCE



The future success of our students is very important to us. We will discuss apprenticeship and Higher Education routes with your child as they progress through the school.

Please indicate if any of the relatives below of your child attended University:

Mother

Father

Siblings

Close Relative

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 schoolchildren'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 schoolchildren 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