

Additional Emergency Contacts

Please provide details of additional contacts for use in emergency situations where the first two contacts are unavailable. Please make sure the person(s) detailed below have given you consent to share their information. (Please continue on a separate sheet if necessary).

Name	Relationship to student
Telephone no.	

Name	Relationship to student
Telephone no.	

Family Links

Names of any brothers/sisters currently on roll at this school
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Educational History

Previous School
Address and telephone no.

Medical Information

Does your child have any Medical Conditions: Y/N	If Yes, Do they require an Individual Health Care Plan Y/N
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Please provide details of ALL medical conditions including medication and whether this needs to be kept in school:

Does your child have any of the following dietary requirements/allergies

Artificial colouring allergy Yes No No dairy produce Yes No

Coeliac Yes No Nut allergy Yes No

Gluten Free Yes No Seafood allergy Yes No

Other:

Name and address of GP Practice

Ethnic/Cultural Information

This information is not mandatory, if you would prefer not to share any of the information requested below please tick the refused box.

Ethnicity

Provided by:

Student Parent

White - British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>	Any Other ethnic background <input type="checkbox"/>
White - Irish <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Gypsy-Romany <input type="checkbox"/>	Any other White Background <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Black African <input type="checkbox"/>	Indian <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Refused <input type="checkbox"/>
White and black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other black background <input type="checkbox"/>	
Other (Please specify)				
Religion				Refused <input type="checkbox"/>
Country of Birth				Refused <input type="checkbox"/>
Is the student an asylum seeker <input type="checkbox"/> or refugee <input type="checkbox"/>				Refused <input type="checkbox"/>
Nationality				Refused <input type="checkbox"/>
Is English the student's first language? Yes <input type="checkbox"/> No <input type="checkbox"/>	Home language			Refused <input type="checkbox"/>

Dinner Arrangements

School Meal (Free) <input type="checkbox"/>	School Meal (paid for) <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>	Home <input type="checkbox"/>
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Sensitive questions

If any of the following apply to your child and you are happy to share the information, please answer the questions below. We are entitled to apply for additional funding for children that fall into any of these categories.

Has your child been 'adopted from care': Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what were the circumstances (please tick the appropriate box): Adoption <input type="checkbox"/> a special guardianship order <input type="checkbox"/> a residency order <input type="checkbox"/> a child arrangement order <input type="checkbox"/>
Is your child a Service Child Yes <input type="checkbox"/> No <input type="checkbox"/> this is defined as a child of a person with parental responsibility who is:- <ul style="list-style-type: none">• serving in regular HM forces military units• has a full commitment as part or full time reserve service• is in the armed forces of another nation and stationed in England exercising parental care and responsibility

Agreements and Consents

The following questions ask you to confirm and sign that you have read and understood our privacy notice, policies and give consents for school activities. (Please see separate leaflet)

Home School Agreement I confirm I have read and consent to the home school agreement Student Signature: Parent/Carer Signature:

Storage of Data I confirm I have read the notice on storage of data and CCTV Parent/Carer Signature:

Biometrics for Cashless Catering

- I give consent to Alleyne's Academy for the biometrics of my child to be used for the cashless catering system
- Refused

Parent/Carer Signature:

Sports' Visits

Student

- I agree that when taking part in sporting events I need to maintain responsible behaviour

Parent

- I agree to my child taking part in sporting events and acknowledge that to be included they will need to maintain responsible behaviour
- Refused

Parent/Carer Signature:

Photographic Consent

	I agree to the use of images	I agree to my child being named	I agree to both the use of images and for my child to be named	No consent given
Photograph may be used in displays in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs may be used from sporting activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs may be used on the school website/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs may be used for 3rd party purposes (eg marketing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computer, Email and Internet Use Agreement

I agree to abide by the school computer, email and internet policy

Student Signature:

I agree to ensure that my child abides by the school computer, email and internet policy

Parent/Carer Signature:

Satchel one App

I agree to download the Satchel One App on my mobile device so I can track the attendance and behaviour of my child

Parent/Carer Signature:

Privacy Notice

I have read the School's Privacy Notice and give consent for my child's information to be shared with the named parties

School Uniform

I have read the details for the school uniform and fully understand the requirements

Parent/Carer Signature:

If any of the details provided on this form change please inform the school promptly.

Signature: (Parent/Carer)

Date:

Print Name:

For office use only:

Central records amended

Name

Sign

Date