



CHELTENHAM BOURNSIDE SCHOOL

Student Data Form

For each student who attends or will be attending Bournside School, this form must be completed and returned to Student Data who will update any details we already hold.

Your child's details					
Forename (as on birth certificate)		Middle name(s)		Surname (legal)	
Preferred forename		Preferred middle name		Preferred surname	
Home address				Date of birth (day/month/year)	
House name/number				___/___/___	
Street name				Gender (please tick)	
Locality name				M	F
Town					
Postcode				Year Group	
Home telephone					
If your child has a sibling(s) at Bournside, please confirm:					
Full name(s)				Tutor Group(s)	
If your child lives at a different address routinely for part of the school week, please confirm:					
House name/number					
Street Name					
Locality name					
Town					
Postcode		Home telephone			

Optional: Has either parent of this student previously obtained a university degree? Yes/No/Declined

Contact information

- You **must** record all individuals with **parental responsibility** in the next 3 boxes.
- You **must** include any **absent parent** with parental responsibility.
- For all individuals detailed, please indicate the order in which to contact them in an emergency by numbering them **1-5**.

Legal Parental Responsibility		
The Education Act 1996 defines a parent to include the natural parents of the child as well as a person: (a) who is not a parent but who has parental responsibility-legally granted (proof required), or (b) who has care of the child.		
Order to contact	Legally responsible parents	
	Mr/Mrs/Miss/Ms	Relationship to student:
	Forename:	Home telephone number:
	Surname:	
	Address:	Work telephone number:
		Mobile telephone number:
	Postcode:	Email address:
	Mr/Mrs/Miss/Ms	Relationship to student:
	Forename:	Home telephone number:
	Surname:	
	Address:	Work telephone number:
		Mobile telephone number:
	Postcode:	Email address:
	Mr/Mrs/Miss/Ms	Relationship to student:
	Forename:	Home telephone number:
	Surname:	
	Address:	Work telephone number:
		Mobile telephone number:
	Postcode:	Email address:

Access rights: If there are any restrictions on either mother/father/relative regarding contact or accessing information about this student, please indicate below and attach a hard copy of documented proof.

If you have already provided official documented proof, please tick here

Additional Emergency Contacts		
Order to contact	Individuals, other than the above, who can be contacted in an emergency	
	Mr/Mrs/Miss/Ms	Relationship to student:
	Forename:	Home telephone number:
	Surname:	
	Address:	Work telephone number:
		Mobile telephone number:
Postcode:	Email address:	
	Mr/Mrs/Miss/Ms	Relationship to student:
	Forename:	Home telephone number:
	Surname:	
	Address:	Work telephone number:
		Mobile telephone number:
Postcode:	Email address:	

Medical Information	
Family doctor	
Medical practice:	
Address:	
Postcode:	Telephone number:
<p>If your child suffers from a medical condition of which the school should be made aware, please give details. A medical information form will be sent to you if necessary.</p>	
Is your child taking medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your child suffer from allergies?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please specify:	

Other Information

Disabilities

Is your child registered disabled? YES NO

If yes, please specify:

Main mode of transport

Car	Bus	Bicycle	Walk
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Service children in education: only relevant to children whose parents are designated Personnel Category 1 or 2

Does your child have a parent or parents who are Serving Personnel, serving in regular HM Forces, military units of all forces or in the Armed Forces of another nation stationed in England? YES NO

Looked After Children: only relevant to children who are currently in or have previously been under the care of the Local Authority for a period of 1 day or more

1. Is your child currently in care under the Local Authority? YES NO

2. Has your child previously been in care under the Local Authority? YES NO
If Yes, please see question 3

3. Has your child ceased to be under Local Authority care due to:
An adoption/a special guardianship order/a child arrangements order/a residence order.

Photographs of students

We seek opportunities to celebrate the work and achievements of our students and to record key events in the life of the school. Photographs of students, with or without their names, may form part of school displays or appear in school publications e.g. the prospectus, yearbooks or on the school website. Videos of events may be shown at school and on our website and copies may be sold to students who took part. Photographs of students, with their names, may appear in the local newspaper. Please note that visitors to the school, including parents, are not allowed to take photographs or videos of school events.

I give permission for the school to use my child's photograph/image in these ways

I do not give permission for the school to use my child's photograph/image in these ways

If your child is 13 years or older, they must complete this section and agree to permission being given/withheld as per GDPR Regulations. N.B As in many schools, classes are sometimes filmed for the purposes of developing teaching practice. These films are used solely for the professional development of teachers.

Nationality and ethnic/cultural information

Nationality	Country of birth

Proficiency in the English language-PLEASE CIRCLE:

New to English /Early acquisition /Developing competence/ Competent/ Fluent

Ethnic/cultural

White English	Black Caribbean
White Irish	Black African
White Welsh	Other mixed black
White Scottish	Bangladeshi
White and Asian	Indian
White and Black African	Pakistani
White and Black Caribbean	Chinese
White and Chinese	Gypsy/Roma
White and Eastern European	Traveller of Irish Heritage
White and Western European	Other Asian
White other	Any other Asian background
Other White British	Any other black background

Current Home languages:

First language (spoken from birth):

Religion:

If you do not wish to disclose ethnic/cultural information, please tick here

Declaration

By signing this form:

- You agree to the above statements
- You confirm you have parental responsibility for this child
- You confirm the information provided in this form to be correct as of this date
- You agree that you will inform the school, in writing, of any changes that may occur to the above information whilst your child attends Bournside

Signed (parent/guardian):		Print name:	
		Date:	

For office use only:

Start Date:	Tutor Group:	UPN:	MED:
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