

Dursley Church of England Primary Academy
Data Capture Form

Dursley Church of England Primary Academy, Main Office, Dursley CofE Primary Academy, School Road, Dursley, Gloucestershire, GL11 4NZ - Telephone: 01453 542304 - Email: admin@dursley.gloucs.sch.uk

Please complete the form below for our records and return it to the school office as soon as possible. This data is essential for your child's welfare in school and will be kept confidential.

Student Details

First Name <i>Note: Full given name, not shortened or familiar versions.</i>	<input style="width: 100%;" type="text"/>		
Surname <i>Note: Full legal surname.</i>	<input style="width: 100%;" type="text"/>		
Middle Name(s) <i>Note: In full, not shortened or familiar versions</i>	<input style="width: 100%;" type="text"/>		
Preferred First Name <i>Note: Preferred first name of this child to be used in school</i>	<input style="width: 100%;" type="text"/>		
Preferred Surname <i>Note: Preferred surname of this child to be used in school</i>	<input style="width: 100%;" type="text"/>		
Date of Birth <i>DD/MM/YYYY, example: 31/01/2006</i>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>
Gender	<i>Please mark the correct box with an X:</i>		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity	<input style="width: 100%;" type="text"/>		
Nationality	<input style="width: 100%;" type="text"/>		
Country of Birth	<input style="width: 100%;" type="text"/>		
Languages Spoken	<i>Please list the languages spoken by the child and whether they are a first, second, home or tuition language.</i>		
<ul style="list-style-type: none">• A first language is the language that this child was exposed to during early development (before the age of 5) and continues to be exposed to in your home or the community. This child must regularly be spoken to in this language and speak and understand it themselves.• A second language is a language that this child has been exposed to later in their development and that they use in the home, community or at school.• A home language is a language regularly spoken in the home, whether or not this child speaks or understands it.• A tuition language is a language in which this child is proficient, or is gaining proficiency, through tuition.	<input style="width: 100%; height: 100%;" type="text"/>		

Student Address

Address	<i>Please make sure you include a house name or number.</i>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
County	<input style="width: 100%;" type="text"/>		
Post Code	<input style="width: 100%;" type="text"/>		

Family Details and Living Situation

In Care Status Yes No
Is this child in care?

Family Situation Single Parent 2 adults
 Foster parents In residential care
 Unknown

Family in the School

Note: The names of this child's family members in the school, if any.

Traveller Status Yes No
Is this child a traveller?

Refugee Status Yes No
Is this child a refugee?

Uniform Allowance Yes No
Does this child receive a uniform allowance?

Armed Forces Yes No
Does this child have a parent in the armed forces?

Transport Arrangements

Usual Mode of Transport to School *Please only mark one box.*

Walk Cycle Car/Van Car Share (with a different household)
 Public service bus Dedicated school bus Bus (type not known) Taxi
 Train London Underground Metro/Tram/Light Rail Boarder - not applicable
 Other (please specify)

Independent Traveller Yes No
Does this child make their own way to school?

Free Transport Eligibility Yes No
Is this child eligible for free transport?

Free Transport Eligibility Review Date

Contact Details

Communications Please indicate if this is an emergency contact, and communication preferences for this contact.

Emergency Contact By Text By Phone By Email By Letter

Contact Name **Gender** Male Female
Title, first name and surname

Relationship
Note: Contact's relationship to this child.

Responsibility
Note: Contact's responsibility in regard to this child.

Armed Forces Yes No
Is this contact in the armed forces?

Languages **Translator For Child** Yes No
If not an English speaker.

Address
Does this contact have the same home address as this child?
 Yes No

County

Post Code

Primary Email **Secondary Email**

Home Phone **Mobile Phone** **Work Phone**

Communications Please indicate if this is an emergency contact, and communication preferences for this contact.

Emergency Contact By Text By Phone By Email By Letter

Contact Name **Gender** Male Female
Title, first name and surname

Relationship
Note: Contact's relationship to this child.

Responsibility
Note: Contact's responsibility in regard to this child.

Armed Forces Yes No
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Dietary Information

Dietary Information *Note: Any dietary information regarding this child, including allergies and practices.*

Free School Meal Eligibility Yes No
Is this child eligible for free school meals?

Free School Meal Claimant Yes No
If eligible, would you like to claim free school meals for this child?

Doctor's Contact Details

Primary Doctor's Name
If applicable.

Surgery/Practice Name

Address

County

Post Code

Primary Email

Surgery Phone
Note: In full including area code.

Mobile Phone

Additional Information

As a school we hold data for the purposes of education management and school improvement only, and only for those purposes necessary to provide the service explicitly offered by our school. We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as General Data Protection Regulation (2018).

I have read and understand clearly all aspects of this form. The information I have given is accurate and up to date. I agree to the use of this data in the methods outlined in this document.

Name _____ Signed _____ Date _____