

The Saint Augustine's Catholic Voluntary Academy
Data Capture Form

The Saint Augustine's Catholic Voluntary Academy, Saint Augustine's Catholic VA, Kesteven Road, Stamford, Lincolnshire, PE9 1SR -
Telephone: 01780 762094 - Email: clare.rudkin@st-augustine.lincs.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

Note: Full given name, not shortened or familiar versions.

Surname

Note: Full legal surname.

Middle Name(s)

Note: In full, not shortened or familiar versions

Preferred First Name

Note: Preferred first name of this child to be used in school

Preferred Surname

Note: Preferred surname of this child to be used in school

Date of Birth

DD/MM/YYYY, example: 31/01/2006

Gender

Please mark the correct box with an X:

Male Female

Ethnicity

Nationality

Country of Birth

Languages Spoken

Please list the languages spoken by the child and whether they are a first, second, home or tuition language.

- 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.

Student Address

Address

Please make sure you include a house name or number.

County

Post Code

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

Religious Details

Religion

Buddhist Christian Jewish Hindu Muslim Sikh Other religion No religion

Religious Faith

Baptist Buddhist Church of England Christian
 Congregational Christian (Ecumenical) Free Church Greek Orthodox
 Hindu Jewish Jehovah's Witness Methodist
 Muslim Quaker Roman Catholic Russian Orthodox
 Salvation Army Seventh Day Adventist Sikh United Reform Church
 Other Faith

Religious Education Yes No
Withdraw this child from religious education?

Collective Worship Yes No
Withdraw this child from collective worship?

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

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Title, first name and surname

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Dietary Information

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

Free School Meal Eligibility

Is this child eligible for free school meals?

Yes No

Free School Meal Claimant

If eligible, would you like to claim free school meals for this child?

Yes No

Medical Information

All Known Disabilities

Known Medical Conditions

Paramedical Needs

Vaccinations

Please put a mark next to the vaccinations this child has received.

BCG Diptheria Pertussis (Whooping Cough) Yellow Fever Hepatitis A Hepatitis B Pre-School Booster
 Typhoid Meningococcal C (Meningitis) Polio Tetanus Hib MMR

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

Previous School/Nursery

Name of School/Nursery:

Start Date:

Finish Date:

Address

County

Post Code

Phone Number

Permissions

Please tick to give permission, or mark with a cross to withhold permission.

- Photo
- Video
- Audio
- Photo in newspaper
- Photo on website
- Photo in brochure
- Photo on tv
- Audio internal
- Audio external
- Audio on tv
- Audio on website
- Video internal
- Video external
- Video on website
- Video on tv
- Photo without name
- Video without name
- Audio without name

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 _____