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.

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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 *Please mark the correct box with an X:* Gender Male Female **Ethnicity Nationality Country of Birth** Please list the languages spoken by the child and whether they **Languages Spoken** 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** Please make sure you include a house name or number. Address **County Post Code**

Family Details and Living Situation In Care Status Yes No Is this child in care? **Family Situation** Single Parent 2 adults In residential care Foster parents Unknown Family in the School Note: The names of this child's family members in the school, if **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 Car/Van Car Share (with a different household) Cycle Dedicated school bus Public service bus Bus (type not known) Taxi London Underground Metro/Tram/Light Rail Boarder - not applicable Train 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** Buddhist Church of England Christian **Baptist** Congregational Christian (Ecumenical) Free Church **Greek Orthodox** Hindu Jehovah's Witness Methodist Jewish Muslim Roman Catholic Russian Orthodox Quaker Salvation Army Seventh Day Adventist Sikh United Reform Church Other Faith **Religious Education** No Yes Withdraw this child from religious education?

Yes

No

Collective Worship

Withdraw this child from collective worship?

Contact Details

Contact N	ame			Gender	Ma	le	Female
Title, first na	me and						
	name	Relationship tionship to this child.					
	ote: Contact s relat	Responsibility					
Note: Contac	ct's responsibility in	regard to this child.					
		Armed Forces in the armed forces?	Yes No	_			
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Does this contact hav	ve the same home a	Address as this child?					
		Yes No					
		County					
		Post Code					
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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? **Medical Information All Known Disabilities Known Medical Conditions Paramedical Needs Vaccinations** Please put a mark next to the vaccinations this child has received. Hepatitis Pertussis (Whooping Yellow Hepatitis Pre-School BCG Diptheria Cough) Fever Booster Meningococcal C Polio Typhoid Tetanus Hib MMR (Meningitis) **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**

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