

Flookburgh CofE Primary School  
Data Capture Form

Flookburgh CofE Primary School, Flookburgh CofE Primary School, Winder Lane, Flookburgh, Grange-over-Sands, Cumbria, LA11 7LE -  
Telephone: 015395 58434 - Email: admin@flookburgh.cumbria.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

<b>First Name</b> <i>Note: Full given name, not shortened or familiar versions.</i>	<input style="width: 100%;" type="text"/>		
<b>Surname</b> <i>Note: Full legal surname.</i>	<input style="width: 100%;" type="text"/>		
<b>Middle Name(s)</b> <i>Note: In full, not shortened or familiar versions</i>	<input style="width: 100%;" type="text"/>		
<b>Preferred First Name</b> <i>Note: Preferred first name of this child to be used in school</i>	<input style="width: 100%;" type="text"/>		
<b>Preferred Surname</b> <i>Note: Preferred surname of this child to be used in school</i>	<input style="width: 100%;" type="text"/>		
<b>Date of Birth</b> <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"/>
<b>Gender</b>	<i>Please mark the correct box with an X:</i>		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Ethnicity</b>	<input style="width: 100%;" type="text"/>		
<b>Nationality</b>	<input style="width: 100%;" type="text"/>		
<b>Country of Origin</b>	<input style="width: 100%;" type="text"/>		
<b>Languages Spoken</b>	<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"><li>• A <b>first language</b> 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.</li><li>• A <b>second language</b> 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.</li><li>• A <b>home language</b> is a language regularly spoken in the home, whether or not this child speaks or understands it.</li><li>• A <b>tuition language</b> is a language in which this child is proficient, or is gaining proficiency, through tuition.</li></ul>	<input style="width: 100%; height: 100%;" type="text"/>		

## Student Address

<b>Address</b>	<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"/>
<b>County</b>	<input style="width: 100%;" type="text"/>
<b>Post Code</b>	<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**

# 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**

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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.*

<input type="checkbox"/> BCG	<input type="checkbox"/> Diptheria	<input type="checkbox"/> Pertussis (Whooping Cough)	<input type="checkbox"/> Yellow Fever	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pre-School Booster
<input type="checkbox"/> Typhoid	<input type="checkbox"/> Meningococcal C (Meningitis)	<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Hib	<input type="checkbox"/> MMR	

# Doctor's Contact Details

<b>Primary Doctor's Name</b> <i>If applicable.</i>	<input type="text"/>
<b>Surgery/Practice Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>County</b>	<input type="text"/>
<b>Post Code</b>	<input type="text"/>
<b>Primary Email</b>	<input type="text"/>
<b>Surgery Phone</b> <i>Note: In full including area code.</i>	<input type="text"/>
<b>Mobile Phone</b>	<input type="text"/>

## 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

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The information collected on this form will be used to administer your child's progress through Flookburgh CofE Primary School. The personal data we hold may be shared with:

- The Department for Education and other relevant organisations whom they nominate.
- Local Education Service and any other Local Education Authorities with whom the child becomes associated.
- Schools and Further Education establishments with whom the child becomes associated.
- Recognised health care and social work establishments with whom the child may become associated.

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 \_\_\_\_\_