



Student Data Collection Form: September 2024 starters

Please return this form by email or post no later than Friday 24th May 2024

Dear Parent/Carer,

As you can imagine, the transfer of your child from Primary School to High School requires a fair amount of form filling! Furthermore, with the guidelines for GDPR, parents are now required to show their consent for a wide range of school policies and procedures by signing an 'opt in' document. This information will be used to safeguard your child and support their learning throughout their time at school. Naturally, the information you supply us is treated with the utmost confidence.

Thank you for your co-operation in completing this form. When you have done so, please return it either by post to the school (address above) or by e mail to transition@calderlearningtrust.com

Section 1 - Your child's basic details

Legal Forename	Middle Name(s)
Legal Surname	Known as Name
Date of Birth	Gender
Preferred Pronoun	
<p>Address</p> <p>.....</p> <p>.....</p> <p>Town County.....</p> <p>Postcode</p> <p>Home Telephone Number (inc STD code)</p>	
<p>Names of siblings at Calder High School</p>	

CONTACT 1 – parental responsibility – first priority					
Name					
Title	Mr	Mrs	Miss	Ms	Other (please state)
Forename				Surname	
Relationship to student				Parental Responsibility Yes/No	
Home Address					
Postcode			Home Tel (inc STD code)		
Work Tel No			Mobile Number		
Email Address					
Is this person authorised to collect the child from school? Yes/No					
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No					

CONTACT 2 – second priority or joint first priority (separated parents)					
Name					
Title	Mr	Mrs	Miss	Ms	Other (please state)
Forename				Surname	
Relationship to student				Parental Responsibility Yes/No	
Home Address					
Postcode			Home Tel (inc STD code)		
Work Tel No			Mobile Number		
Is this person authorised to have correspondence/reports about the child emailed to them? Yes/No					
Email Address					
Is this person authorised to collect the child from school? Yes/No					
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No					

CONTACT 3 – emergency 24 hour contact should contacts 1 and 2 be unavailable

Name			
Mrs	Miss	Ms	Other (please state)
Forename		Surname	
Relationship to student		Parental Responsibility Yes/No	
Home Address			
Postcode		Home Tel (inc STD code)	
Work Tel No		Mobile Number	
Email Address			
Is this person authorised to collect the child from school? Yes/No			
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No			

CONTACT 4 – second emergency 24 hour contact should contact 3 be unavailable

Name			
Mrs	Miss	Ms	Other (please state)
Forename		Surname	
Relationship to student		Parental Responsibility Yes/No	
Home Address			
Postcode		Home Tel (inc STD code)	
Work Tel No		Mobile Number	
Email Address			
Is this person authorised to collect the child from school? Yes/No			
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No			

Please note that it is vital that you inform school should your contact details change and that the school uses email as the primary form of communication with parents.

Section 2 – Additional student details

Please complete the next section, if appropriate, in order for us to identify extra support and funding for students. Is this child: *(Tick more than one if necessary)*

<input type="checkbox"/>	Adopted	<input type="checkbox"/>	Private Fostering	<input type="checkbox"/>	Under Local Authority care
<input type="checkbox"/>	Out of Authority Care	<input type="checkbox"/>	From a Services family in the last four years		
<input type="checkbox"/>	In receipt of free school meals in the last six years				
<input type="checkbox"/>	Subject to a Care Plan/Child Protection				

If this child is in Local or Out of Authority Care you are required to give details of the Social Worker who has parental responsibility:

Name		Role	
Authority Address			
Work Number			
Mobile Number			
E-mail			
Parental Responsibility Yes/No			

Section 3 – Medical Information

3.1
<p>Grange Dene Medical Centre (Burnley Rd, Mytholmroyd) <input type="checkbox"/></p> <p>Luddendenfoot Health Centre (Kershaw Drive, Luddendenfoot) <input type="checkbox"/></p> <p>Valley Medical Centre (Valley Rd, Hebden Bridge) <input type="checkbox"/></p> <p>Other <i>(please give details below)</i></p> <p>Doctor's Name</p> <p>Surgery Address</p>
<p>3.2 - Does your child have specific medical needs which the school should be aware of such as allergies, asthma, diabetes etc...?</p> <p>If so, please complete the medical form on the transition page of the school website and return it to the school nurse, Mrs C Meade, before they begin at Calder High. cmeade@calderlearningtrust.com</p>
<p>3.3 - Does your child have a Medical Care Plan from Primary School/hospital?</p> <p>If so, please send a copy of this to the school nurse, Mrs C Meade, before they begin at Calder High. cmeade@calderlearningtrust.com</p>

Section 4 – Other Information

4.1 - Ethnicity/Cultural Background

*Please circle one from each category below Only complete 'Home Language' and 'English Speaking Ability' columns if **English is a second language***

Ethnic Group	Religion	Home Language	English Speaking Ability
Bangladeshi Black - African Black - Caribbean Chinese Gypsy/Roma Indian Pakistani Traveller of Irish heritage White - British White - Irish White and Asian White and Black African White and Black Caribbean Any other Asian background Any other Black background Any other ethnic group Any other mixed background Any other White background	Buddhist Christian Hindu Jewish Muslim No Religion Sikh Pagan Other	Bengali Chinese English Gujarati Hindi Kurdish Punjabi Polish Urdu Other – please state	New to English Knows a few phrases Developing language Competent Fluent

National Identity *(please circle the one that best applies)*

British – English – Welsh – Scottish – Irish

Other – please state

Refused

4.2 - Travel to School *(please tick the appropriate box)*

Car		Cycle		Special Bus		Public Bus	
Taxi		Train		Walk			
Other – please specify							

4.3 - Dinner Arrangements *(please tick the appropriate box)*

Free school meals (FSM) in the last 6 years		Bought school meal		Packed lunch from home			
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4.4 - Confidential Information

Please could you inform us of personal difficulties of any kind that your child may have, including family circumstances, which may affect your child at school. This is for support purposes only.

4.5 - External Agencies: If you have any agencies working with your child or with your family, please give the names of relevant people so we can ensure that we manage the transition process sensitively and confidentially e.g. Attendance Officer, Family Worker, CAMHS, etc...

Surname	Forename	Agency	Contact Number

Section 5 - Additional Educational Needs

If your child has any additional educational needs, we would like to know how we can best support them. It may be necessary for us to meet with you regarding this to personalise the support available.

Does your child currently have a Special Educational Need? *Please circle* Yes No

If yes, please give details below

Does your child currently have an Individual Education Plan (IEP) to support their learning?

Please circle Yes No

Parental consent and acceptance of school policies and procedures

Please read the information below and any relevant documentation on the school website before giving your consent. [Click here](#)

About student learning:

- Home School Agreement – an agreement between the school, parent and child ensuring we work together to achieve the best possible outcomes for all students
- IT acceptable user policy – a policy aimed at keeping students safe online and outlining what we expect from them when using technology in school
- Participation in activities and lessons involving the delivery of age-appropriate teaching of Relationships, Sex and Health Education (RSHE) topics
- Educational Visits Code of Conduct – a policy outlining the school's expectations of appropriate behaviour when learning outside of the classroom and the consequences of a failure to meet the high standards we expect from all students
- Participation in off-site sporting activities – permission to take part in off-site sporting activities and to be dropped off 'en route' on the return from away fixtures.
- Copyright permission – consent that your child's work may be used by staff for displays or as teaching resources

About student well-being and safeguarding:

- Consent to allow your child to receive emergency medical treatment or to be hospitalised if it has not been possible to contact you in person
- Consent giving the school permission to administer up to 1 x 500mg of Paracetamol on a daily basis
- Photographic Permission – consent to use pictures of your child around school, in school publications including the school website, social media and in the local/national press
- Permission for the school to send data regarding your child to other schools where necessary
- Permission to capture your child's fingerprints solely for purchase of food and drink in the school diner
- Consent for the school to collect, store and use information about your child. For further information please see the 'Privacy Notice for Pupils and Parents' on the school website

**Please complete the table below by ticking each box where you give your consent.
If you do not give your consent, please leave a box blank.**

	<i>(tick below)</i>
Home School Agreement <i>(this is an expectation of all parents/carers)</i>	
Support of all the policies and procedures of The Calder Learning Trust <i>(this is an expectation of all parents/carers)</i>	
IT acceptable use policy <i>(this is necessary for your child to use IT equipment)</i>	
Participation in RSHE activities	
Educational Visits Code of Conduct <i>(this is necessary for your child to participate in school trips)</i>	
Participation in off-site sporting activities <i>(this is necessary for your child to represent the school in teams etc...)</i>	
Copyright permission	
Authorisation of medical treatment	
Administration of Paracetamol	
Photographic permission	
Data exchange	
Biometric data collection	
Privacy notice for pupils and parents	

Please complete the details below in BLOCK CAPITALS

Name of student.....

Parental name.....

Parental signature..... Date.....

Thank you for your co-operation in completing this form.