



TORQUAY BOYS' GRAMMAR SCHOOL

SIMS PUPIL DATA COLLECTION SHEET

(PLEASE WRITE OR TYPE IN CAPITAL LETTERS)

Date of Entry:		House (if known):	
Previous School:			
Surname:		Forename:	
Middle names:		Date of Birth:	
Chosen name:			
Address:		Postcode:	
Home Telephone Number:		Student's Mobile Number:	
Parents' Mobile Numbers:	Mother:	Father:	Other:
Parents' Emails:	Mother:		
	Father:		
I consent to receiving electronic communication from Torquay Boys' Grammar School to the above email address(es). Y/N			
Student's Email:			
Parents'/Carers' Names and Initials: (e.g. Mr A and Dr B Smith)			
N.B. If not parents, please advise:	a) Relationship to child (e.g. Grandparent, Aunt, Foster Parent etc.)	b) Person(s) or local authority financially responsible for the child.	
Parents'/Carers' Occupations:	Mother's Occupation:	Father's Occupation:	
	Location:	Location:	
	Contact Telephone No:	Contact Telephone No:	
If either parent is a member of HM Forces, please specify:			
Would your son/daughter be the first in your family to go to university? (Y/N)			
If parents are divorced/separated, please state who has legal custody of student:			
If student does not live with BOTH parents, please complete the following section:			
Mother:		Father:	
Surname:		Surname:	
Initials:		Initials:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	

Please provide details of person(s) to be contacted when parents are not available:											
Emergency Contact 1:					Emergency Contact 2:						
Name:					Name:						
Relationship:					Relationship:						
Telephone:					Telephone:						
Doctor's Name and Surgery Address:			<div style="text-align: right;">Telephone:</div>								
Under the Disability Discrimination Act 2005, schools, Local Authorities and the Department for Education need to collect information so that they understand the nature of the pupil population for whom they are responsible. Please indicate with a Y if your child has any disability or condition relating to the following:											
Mobility (moving around indoors or outdoors)					Hearing						
Hand movements (touching or holding)					Vision						
Personal care (going to the toilet, dressing)					Behaviour (e.g. very active, short attention span)						
Eating and drinking without help					Fits or seizures						
Incontinence					Autism or Asperger Syndrome						
Taking medication					Life limiting condition or requires palliative care						
Communication					Depressed, anxious or has an eating disorder						
Learning (numbers, letters, words)					Other						
If you have ticked any of the boxes above, please attach, where possible, copies of relevant reports (e.g. Educational Psychologist reports, Letters from GP/Hospital, Learning Assessments, Hearing Support Services reports, CAMHS letters)											
Please provide any additional information relating to disability, medical conditions, allergies/dietary requirements or personal issues:											
Is your son/daughter a young carer? (Y/N)											
Ethnic Group:					Home Language:						
Religion:					First Language:						
Likely Lunch Arrangements: (Please Y only one box)				School Meal		Packed Lunch		Home			
Is your son/daughter entitled to Free Schools Meals, or has he/she been in the last six years? (Y/N)											
How will your son/daughter travel to school (if known): (please tick only one box)											
Contract Bus				Public Bus Service				Car			
Taxi				Bicycle				Walk			
If you have moved into Devon during the last two years, please complete details below:											
(a) Date of arrival:				(b) Previous Address:							
Names and Tutor Groups of any brothers/sisters already in the school:											

CONSENTS: (indicate with: Y/N)			
Are you willing for your son/daughter to participate in Sex Education?			
Do you consent to the use of photographs/video footage of your son/daughter for publicity purposes on the school website or in newsletters?			
If yes, do you consent to your son/daughter's name and age being included along with the material published?			
Do you consent to your son/daughter using the biometric finger registration system?			
Has your son/daughter been immunised against Tetanus?		Date of Immunisation:	
Do you consent to the school administering paracetamol as appropriate? <u>Please note, parents will be contacted before any medication is given.</u>			
I/we have read the General Data Protection Regulations information and authorise sharing of information with Careers South West.GD			
CONSENT FOR OFF-SITE ACTIVITIES: Details from above will be used for off-site school trip(s) in which your son/daughter is involved. This will provide staff with essential medical and health and safety information about your son/daughter. Please note the following important information before agreeing. The trips and activities covered by this consent include: <ul style="list-style-type: none"> • all visits (including residential trips) which take place during the holidays or a weekend; • adventure activities at any time; • off-site sporting fixtures outside the school day. You will receive a specific letter regarding every trip which your son/daughter has the opportunity to participate. This will give precise details about the trip's nature and purpose. At that time, you should provide any updated medical details/information (if applicable). You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity. Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.			
Do you consent for your son/daughter to take part in school trips and other activities that take place off school premises?			
Do you consent to your child being given first aid or urgent medical treatment, including anaesthetics, during any school trip or activity?			
Please note any special details about your child's health which may need special attention, but does not prevent them from taking part in off-site activities, e.g. dietary requirements, any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy.			
Please note any additional health and safety related comments regarding your son/daughter's participation in off-site activities in the forthcoming academic year.			
Has your child had any recent illness which may be relevant to his/her participation in off-site activities in the forthcoming year?			
Is your son/daughter able to swim 50 metres?			
Is your son/daughter generally water confident?			
GIFT AID DECLARATION: I want to Gift Aid any donations I make in the future to Torquay Boys' Grammar School. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.			
Signature of <u>both</u> Parents/Carers:			
Father:		Mother:	
Date:		Date:	

Data Protection The information collected on this form will be processed and will be stored electronically by the School in compliance with the General Data Protection Regulation. The data may be shared with an agent of the School, but only for administrative or other service provision purposes, and with Government Departments where there is a legal requirement to do so. If you would like further information about Data Protection, please contact the School Data Protection Officer. By signing or submitting this form, you acknowledge that you have read, understood and agreed to this data processing. Detailed information is available in the Privacy Notices at www.tbgs.co.uk.