

CONFIDENTIAL INFORMATION SHEET

Please complete all sections of this form and return to the Reception.

IMPORTANT NOTICE

The information you enter on this form is needed for the efficient organisation of the Academy and for supporting the needs of your child. This data will be held in accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. It will be kept on the administration computer system with access restricted to authorised staff only. The information will only be disclosed to legitimate personnel/agencies.

For more information on how the Academy uses this data, please refer to our privacy notice on the Academy website www.davidnieper.academy.

We would like to stress the importance of keeping this information up to date, particularly contact telephone numbers, for incidences of illness or emergency.

If there are any changes in the future, please contact the Academy with written, and signed, confirmation of those changes immediately.

Please complete only the boxes which apply – *do not complete grey boxes:*

Basic Details					
Male/Female		Date of Birth			
Legal Forename		Preferred Forename			
Middle Names(s)					
Legal Surname		Preferred Surname			
Registration (To be completed by the Academy only)					
Registration Group:		Year Group:	Year Taught in:		
Enrolment Status:					
Admission Date:		Attendance Mode	Am only	Pm only	All Day
Part time Details (If Applicable):	Start Date		End Date		
House Team					

Address of Student (Main UK)		Address 2 (If applicable)			
House Name		House Name			
Number & Street		Number & Street			
Town		Town			
County		County			
Post Code		Post Code			
Country		Country			
Address Type:	Home	Work	Address Type:	Home	Work

We take the use of personal data very seriously and are GDPR compliant. We will continue to manage both the data we hold on your child and yourselves very carefully and in line with the latest advice. Our Privacy Statement is available for download from our website or please ask for a copy at Reception.

Family / Home / Contacts	You, as the provider of this data, are giving us permission under the General Data Protection Regulations to store and process this information. It is your duty to let anyone you name below, know that you have provided us with this information.	
Priority 1 Contact		
Title:	Surname:	
Forenames:		
Gender:	Relationship to Student:	
Parental Responsibility Yes / No	Is student report required for this contact? Yes / No	
Court Order Yes / No		
Telephone: (mobile / home / work) please identify as appropriate		
1 st :		
2 nd :		
3 rd :		
Email Address:		
House Name		
Number & Street		
Town		
County		
Post Code		
Priority 2 Contact		
Title:	Surname:	
Forenames:		
Gender:	Relationship to Student:	
Parental Responsibility Yes / No	Is student report required for this contact? Yes / No	
Court Order Yes / No		
Telephone: (mobile / home / work) please identify as appropriate		
1 st :		
2 nd :		
3 rd :		
Email Address:		
House Name		
Number & Street		
Town		
County		
Post Code		
Priority 3 Contact		
Title:	Surname:	
Forenames:		
Gender:	Relationship to Student:	
Parental Responsibility Yes / No	Is student report required for this contact? Yes / No	
Court Order Yes / No		
Telephone: (mobile / home / work) please identify as appropriate		
1 st :		
2 nd :		
3 rd :		
Email Address:		
House Name		
Number & Street		
Town		
County		
Post Code		

PARENT DISABILITY The Academy is keen to support any parent with disabilities. Please tick if you have a disability that you would like to tell us about and note down anything we can do to make communication with you easier.
Please add a separate sheet if required. []

Student Medical Information

Please specify any Dietary Needs			

Are there any Paramedical support requirements we need to know about?

Medical Practice Name		Doctors Name	
Practice Address			

Practice Telephone	
Any medication taken regularly?	
Any other medical information we should be aware of?	

Does your child have any learning difficulty, medical condition or disability that affects any of the following?

Please tick all that are appropriate:

- | | |
|--|--|
| <input type="checkbox"/> mobility | <input type="checkbox"/> speech |
| <input type="checkbox"/> manual dexterity | <input type="checkbox"/> hearing |
| <input type="checkbox"/> physical co-ordination | <input type="checkbox"/> eyesight |
| <input type="checkbox"/> continence | <input type="checkbox"/> memory or ability to concentrate, learn or understand |
| <input type="checkbox"/> ability to lift, carry or otherwise move everyday objects | <input type="checkbox"/> perception of risk of physical danger |

Student Ethnicity

Ethnic Background

- | | | | | |
|-----------------------------------|--------------------------|------------------------------------|----------------------------|--------------------------|
| White - British | <input type="checkbox"/> | Asian or Asian British - | Indian | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | | Pakistani | <input type="checkbox"/> |
| Traveller of Irish Heritage | <input type="checkbox"/> | | Bangladeshi | <input type="checkbox"/> |
| Gypsy/Roma | <input type="checkbox"/> | | Any other Asian background | <input type="checkbox"/> |
| Any other White | <input type="checkbox"/> | Black or Black British – Caribbean | | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | | African | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | | Any other Black background | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Chinese | | <input type="checkbox"/> |
| Any other mixed background | <input type="checkbox"/> | Any other ethnic background | | <input type="checkbox"/> |

I do not wish an ethnic background category to be recorded []

Country of Birth

This information was provided by: Parent [] Student []

Students first language	Religion
First language confirmed by:	Nationality
Other languages spoken	

Additional Information			
Meals: Please tick if your child is eligible for Free School Meal []			
Usual means of travel to Academy			
Bus (Type not known) []	Car Share (with child/children) []	Car/Van []	
Cycle []	Designated Academy Bus []	Public Service Bus []	
Taxi []	Walk []		
Service Children in Education			
Does either parent/carer currently supporting the student, work for HM Armed Forces in either personnel category 1 or 2? Yes [] No [] Unknown [] Refused []			
For our records please indicate whether your child is adopted [] or fostered []			
Students Previous School			
School Name			
Date of Arrival		Date of Leaving	
Reason for leaving		Enrolment mode	
Siblings			
Does this student have a brother or sister at the David Nieper Academy? If yes please give details:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Sibling	Year	Address if different from above	

School Meals and Printing Services: Biometric System

Students pay for purchases from the restaurant using a biometric cashless system. To register for this the student will have their finger scanned. The software then converts the scan into a unique 'code'. At no point is a fingerprint taken and the 'code' cannot be converted back into a fingerprint. Please tick in the appropriate box to give your permission for your child to use the biometric cashless database. NB. Cash purchases are not possible from the restaurant. The biometrics are also used for printing from the school's various printers.

Please include my child on the Biometric database. YES NO

Local trips away from school

I give my consent for my child to be taken on local trips (those that do not require transport) for curriculum activities at any time during the school year. YES NO

School Photographs/Videos

We sometimes take photographs and videos of students. We use these photos in the student’s profile, for exam entry, in the prospectus, on the academy website and on display boards around the school.

We would like your consent to take photographs and videos of your child and use them in the ways described above. If you are not happy for us to do this, that’s no problem. We will accommodate your preferences. However, CCTV is used throughout the school. Images captured via CCTV will not be viewed by any external sources without your direct consent at the time a request is made to view them.

Please tick the relevant boxes(s) below.

- I am happy for photographs/video of my child to be used in internal displays. []
- I am happy for photographs/video of my child to be used on the school website []
- I am happy for photographs/video of my child to be used in the school newsletter. []
- I am happy for photographs/video of my child to be used in the local press. []
- I am happy for photographs/video of my child to be used in the school prospectus. []

Please note: We will take and store a photograph for the student profiles and exams as these processes rely on us being able to identify students from a photograph. These photographs are not used in public places or our promotions.

If you change your mind at any time, with regard to these options, please let us know by email, telephone or visiting the school.

Data Sharing

We do not share information about students with any third party without your consent unless the law and our policies allow us to do so. Where it is legally required, or necessary (and complies with data protection law) we may share information about students with:

- The Department for Education – to meet our legal obligations to share certain information
- The local authority (LA) – to meet our legal obligations to share certain information
- Examining bodies
- Student’s families and representatives
- Our auditor
- Health authorities
- Health and social welfare organisations
- Professional advisors and consultants
- Police forces, courts and tribunals – to meet our legal obligations to share certain information

Parent/Carer Name Signed: Print:	Relationship to Student: Date:
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PLEASE COMPLETE AND RETURN BY 1ST JULY 2020
TO DAVID NIEPER ACADEMY, Grange Street, Alferton, Derbyshire, DE55 7JA