

# DATA COLLECTION FORM

Please complete all sections of this form.

## Student's Personal Details

Forename	<input style="width: 95%;" type="text"/>	Middle Name(s)	<input style="width: 95%;" type="text"/>
Legal Surname	<input style="width: 95%;" type="text"/>	Preferred Surname:	<input style="width: 95%;" type="text"/>
Preferred Forename:	<input style="width: 95%;" type="text"/>	Male/Female	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Address:	<input style="width: 95%; height: 100%;" type="text"/>	Date of Birth:	<input style="width: 100px;" type="text"/>
		Postcode:	<input style="width: 150px;" type="text"/>

## Emergency Contacts

Please give details of parents, carers and anyone else who could be contacted in an emergency. The names of the parents/carers must be given number 1 and/or 2 priority, please place other contacts in the order you wish them to be contacted in an emergency. You may give as many contact names as you wish; if you have more than four continue on another sheet. Please ensure that the information is clear.

No	Surname	Forename	Title	Relationship	Address	Home Tel No	Day Tel No
1							
<b>Email Address of first contact:</b>							
2							
3							
4							

## Non-Resident Parents

In the case of divorced or separated parents or if the child is in foster care, should copies of correspondence, reports etc be sent to non-resident parent(s)? **YES / NO**

If yes, please give their details below.

Surname	Forename	Title	Relationship	Address	Home Tel No	Day Tel No

In order to identify students potential to take part in Government Aim Higher activities (aimed at raising participation in Higher Education) we would like the following information.

Have you or your partner been to University?

Father	Yes	<input style="width: 20px;" type="text"/>	No	<input style="width: 20px;" type="text"/>	Information refused	<input style="width: 20px;" type="text"/>
Mother	Yes	<input style="width: 20px;" type="text"/>	No	<input style="width: 20px;" type="text"/>	Information refused	<input style="width: 20px;" type="text"/>
Carer	Yes	<input style="width: 20px;" type="text"/>	No	<input style="width: 20px;" type="text"/>	Information refused	<input style="width: 20px;" type="text"/>

## Child's GP

Surgery Name:	<input type="text"/>	Doctors Name:	<input type="text"/>
Address:	<input type="text"/>	Telephone Number:	<input type="text"/>

## Ethnic Origin, Home Language, Religion

Ethnic Origin	Home Language	Religion
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Country of Birth	
<input type="text"/>	<input type="text"/>	

## Meal Arrangements

Please tick the shaded box indicating your child's meal arrangements. **Please tick one box only.** If you tick "Home for Lunch" there is an additional form that would need to be completed before a pass was generated.

Free School Meal	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Home for Lunch	<input type="checkbox"/>
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## Travel Arrangements

Please tick the shaded box indicating how your child will travel to school. **Please tick one box only;** their most often used mode of travel.

Bicycle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Car	<input type="checkbox"/>	Car Share	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
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## Previous School

School Name:	<input type="text"/>	Telephone No:	<input type="text"/>		
School Address:	<input type="text"/>				
Date Started:	<input type="text"/>	Date Left:	<input type="text"/>	Reason for leaving:	<input type="text"/>

## Imagery Consent

By signing this form you give consent to Marriotts School use of:

- still images (photographs)
- moving images (film/video)
- audio recordings of your child

By signing this form you are accepting that the subsequent use may be in a number of media, including but not limited to print, digital and electronic use by Marriotts School and/or by agents authorised by the School. Marriotts would like to make the image(s) and/or recording(s) available to the general public via our school website.

Please tick the box if you do **not** wish the image(s) and/or recordings to be made available to the public.

## Medical Information

\* delete as applicable

1.	Has your child suffered any serious effects after immunisation/vaccination? If yes, please specify	*Yes / No
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2.	Does your child have any traces of <b>Asthma</b> ? If yes, please give the name of the medication used Reliever : _____ Preventer: _____ Other: _____	*Yes/No.
3.	Does your child have any <b>allergies</b> ? If yes, please specify _____ What, if any, medication is used? _____	*Yes/No.
4.	Does your child have <b>Epilepsy</b> ? If yes, please give the name of any medication used	*Yes/No
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5.	Does your child have <b>Diabetes</b> ? If yes, please give the name of any medication used	*Yes/No
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6.	Does your child have any <b>other health problem/medical condition</b> ? If yes, please specify what medication is used? _____	*Yes/No
7.	Any special instructions for dealing with your child's health or other information you feel we should know;	

I, the parent/carer of \_\_\_\_\_ (student's name) understand that:

If a student becomes ill or is injured in school, parents/carers will be informed. It is then the duty of those parents/carers to make arrangements for the child, by collecting them to take them home or to the doctor or hospital. It is **VITAL** that the school has accurate, up-to-date home, work or mobile telephone numbers and any telephone numbers of relatives who could be contacted in an emergency. In emergencies, where a child has to be accompanied to hospital by a member of staff of the School, it is important that the child's parent/carer goes to the hospital as soon as possible as hospital staff need parents/carers permission to treat a child.

With the exception of reliever inhalers for asthma or epipen for severe allergies, **NO STUDENT MAY BE IN POSSESSION OF ANY FORM OF MEDICATION IN SCHOOL AT ANY TIME**. Following local government guidelines, we are required to hold up-to-date written consent from you regarding your child's medication. Therefore should your child require medication during the school day **YOU MUST** complete a Health Care Plan form. This form can be obtained from reception

**Annual Day Trip Consent** – by signing this form you give consent for your child to attend school day trips off site. Prior notification will be given in the form of a letter, if payment is required for a trip, then this must be settled via Wisepay prior to the trip date. You must ensure the school is kept up to date with any changes to your child's medical condition.

Signed: ..... Date: .....  
(Parent/Carer)

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**IT IS VITAL THAT THE SCHOOL IS INFORMED IMMEDIATELY OF ANY CHANGES IN THE INFORMATION GIVEN ON THIS FORM**

**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 school is required to share some of the data with the Local Authority and with the DfE. For further information, please refer to the Privacy Notice on the school's website.



# The Marriotts Home/School Agreement

This agreement outlines how the school, parents/carers and students will work in partnership to help meet the needs of each student.

## Parents/Carers

### I/We will:

- Ensure that my/our child is organised for school – in correct uniform with all necessary equipment.
- Ensure my/our child attends on time and notify the school if he/she is late or absent.
- Encourage my/our child to have a positive attitude to learning.
- Support and encourage my/our child in his/her school work (including homework).
- Let the school know if any situation is likely to affect my/our child's learning.
- Make the most of all opportunities to meet with staff and encourage a dialogue between the school and home.
- Support the school Rewards and Behaviour for Learning Policy including same day detentions.
- Not make requests for my child to be out of school during term time other than in exceptional circumstances.
- Encourage my/our child not to engage in discrimination, harassment and victimisation of others.

## School

### Marriotts will:

- Expect all members of the school community not to engage in discrimination, harassment and victimisation.
- Expect students to attend school in correct uniform and have the necessary equipment for lessons.
- Work with parents/carers and students to encourage regular attendance and excellent punctuality.
- Deliver the curriculum in terms of lessons and homework, ensure work is marked and provide support for all students in order that learning needs are met.
- Expect students to behave positively, respect each other and together create a safe learning environment for all.
- Take appropriate action in cases of student misconduct.
- Respond to parental concerns relating to the welfare of students.
- Support parents/carers and students through regular consultation evenings, reports and other forms of communication.
- Keep parents/carers informed of school events and activities.

## Student

### I will:

- Fulfil our school mission: Aim High, Work Hard, Be Kind
- Not engage in behaviour that discriminates, harasses or victimises others.
- Wear the correct uniform at all times.
- Bring my books and equipment to school for lessons and activities, so I am ready to learn.
- Attend school regularly and arrive on time for school and lessons.
- Follow the student expectations when in class and around school, including attending whole school detentions if required.
- Do my best, have pride in my work and aim to achieve as highly as I can.
- Try to attend at least one extra-curricular activity.
- Let a teacher know if I have any worries.

**Student Name**.....

**Date**.....

We have discussed the above agreement and are pleased to co-operate with the school in upholding these standards.

**Signature of Parent/Carer**.....

**Date**.....



## CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to the school taking and using information from your child's fingerprint by Marriotts School as part of an automated biometric recognition system.

This biometric information will be used by Marriotts School for the purpose of entering the school premises, administration of school canteen and your child's use of the photocopiers around the site.

In signing this form, you are authorising the school to use your child's biometric information for this purpose until he/she either leaves the school or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

Data Manager  
Marriotts School  
Brittain Way  
Stevenage  
Hertfordshire  
SG2 8UT

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted by the school.

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Having read guidance provided to me by Marriotts School, I give consent to information from the biometric system, i.e. fingerprint of my child:

**Students Full Name:** \_\_\_\_\_

being taken and used by Marriotts School for use as part of an automated biometric recognition system for entering the school premises, administration of school canteen and your child's use of the photocopiers around the site.

I understand that I can withdraw this consent at any time in writing.

**Name of Parent/Carer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## ICT

Dear Parent / Carer

ICT including the internet, e-mail, mobile technologies and online resources have become an important part of learning in our school. We expect all students to be safe and responsible when using any ICT. It is essential that students are aware of eSafety and know how to stay safe when using any ICT.

Students are expected to read and discuss this agreement with their parent or carer and then to sign and follow the terms of the agreement. Any concerns or explanation can be discussed with their class teacher, Head of Year or Head of ICT.

Please sign below confirming you have read through the agreement.

Yours faithfully

Administration

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Students Name: \_\_\_\_\_

We have discussed this document and confirm that our child agrees to follow the eSafety rules and to support the safe and responsible use of ICT at Marriotts School.

Parent/ Carer Signature : \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_