

Ref. AD
5 September 2019

Dear Parent/Carer

I enclose with this letter an annual Data Collection Form together with Consent Forms with respect to the academy's Privacy Notice, Photograph Policy and Biometrics Policy. In addition, I enclose a Parental Consent Form for regular out of school activities.

To ensure the records held by the academy are accurate, it is important that the Data Collection Form is completed in full and returned to the Student Information Desk **as soon as possible** and by Friday, 20 September 2019 at the latest. I ask that you do this even where updated details have been provided within the last year.

The academy appreciates that during the course of the academic year, parents' and contacts' details may change. Where this happens, I kindly ask that you notify the academy by completing a 'Change of Details' form, available from Reception, immediately.

In line with the General Data Protection Regulations ('GDPR'), the academy must also have a record of yours and/or your child's preferences in relation to photographs and biometrics. Furthermore, the academy retains yours and your child's signed declaration that you have both read and understood the contents of the Trust's Privacy Notice. A copy of each of the above policies can be found on the academy's website by visiting www.city.outwood.com/policies. Please read these in their entirety before completing the Consent Forms attached.

Throughout the year students will have the opportunity to take part in a range of trips to enrich their learning. All are carefully planned and risk assessed, and you will receive full information about each trip prior to it taking place. By completing the attached Parental Consent Form, you consent to your child taking part in such trips. Any trip which involves adventurous activity, a residential element or environmental hazards (eg. fieldwork) will still require specific, informed parental consent.

All documentation should be returned to the Student Information Desk **by Friday, 20 September 2019**. Should you wish to discuss the contents of this letter further, please contact your child's Learning Manager.

Yours faithfully



Mr Andrew Downing
Principal

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Outwood Grange Academies Trust, a company limited by guarantee registered in England and Wales with company number 06995649.

Registered office address: Potovens Lane, Outwood, Wakefield, West Yorkshire WF1 2PF.

VAT number: 158 2720 04. Outwood Grange Academies Trust is an exempt charity.

A list of Directors' names is open to inspection at our registered office.

To ensure the records held by the academy are accurate, we ask you complete this form in full and return to the Student Information Desk **without delay**. Where details change during the course of the academic year eg. mobile number or home address, please ensure the academy is notified **immediately**. This should be done by completing a 'Change of Details' form available from the Student Information Desk.

I. Student Details

Legal Surname:	<input type="text"/>	Address:	<input style="width: 100%; height: 100%;" type="text"/>
Forename:	<input type="text"/>		
Middle Name(s):	<input type="text"/>		
Preferred Surname:	<input type="text"/>		
Preferred Forename:	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>	Gender (M/F):	<input type="text"/>
		Home Tel:	<input type="text"/>

Home correspondence to be addressed to: (Home Salutation) Miss/Mrs/Mr/Other	<input type="text"/>
Date of Admission Requested:	<input type="text"/>
Name of Previous School:	<input type="text"/>

2. Parent / Carer Contact Priority

Please put the contact names given below in order of priority to be contacted. Please enter full contact details on next pages.	
Priority 1	<input type="text"/>
Priority 2	<input type="text"/>
Priority 3	<input type="text"/>
Priority 4	<input type="text"/>
Priority 5	<input type="text"/>

3. Parental Responsibility – Please ensure you give details of all people with parental responsibility for the student. Parental responsibility *usually* refers to all biological parents; step parents living with a child; any person who has acquired parental responsibility through a court; any person who lives with and looks after a child.

Parent / Carer 1		Please tick where the following apply:	
Title:		Has parental responsibility? <input type="checkbox"/>	Parental responsibility removed by court order <input type="checkbox"/>
Forename(s):		Lives with Student: <input type="checkbox"/>	(Please complete Home Address if not living with student)
Surname:		Home Address:	Work / Daytime Address:
Relationship to student:			
Tel No.s:	Tick 1 st priority to call		
Home	<input type="text"/>	<input type="checkbox"/>	
Mobile	<input type="text"/>	<input type="checkbox"/>	
Work / Daytime	<input type="text"/>	<input type="checkbox"/>	
	Postcode:	<input type="text"/>	Postcode: <input type="text"/>
	Email:	<input type="text"/>	
Any other relevant info:	<input type="text"/>		

Parent / Carer 2		Please tick where the following apply:	
Title:		Has parental responsibility? <input type="checkbox"/>	Parental responsibility removed by court order <input type="checkbox"/>
Forename(s):		Lives with Student: <input type="checkbox"/>	(Please complete Home Address if not living with student)
Surname:		Home Address:	Work / Daytime Address:
Relationship to student:			
Tel No.s:	Tick 1 st priority to call		
Home	<input type="text"/>	<input type="checkbox"/>	
Mobile	<input type="text"/>	<input type="checkbox"/>	
Work / Daytime	<input type="text"/>	<input type="checkbox"/>	
	Postcode:	<input type="text"/>	Postcode: <input type="text"/>
	Email:	<input type="text"/>	
Any other relevant info:	<input type="text"/>		

Parent / Carer 3 (if applicable)		Please tick where the following apply:	
Title:		Has parental responsibility? <input type="checkbox"/>	Parental responsibility removed by court order <input type="checkbox"/>
Forename(s):		Lives with Student: <input type="checkbox"/>	(Please complete Home Address if not living with student)
Surname:		Home Address:	Work / Daytime Address:
Relationship to student:			
Tel No.s:	Tick 1 st priority to call		
Home	<input type="text"/>	<input type="checkbox"/>	
Mobile	<input type="text"/>	<input type="checkbox"/>	
Work / Daytime	<input type="text"/>	<input type="checkbox"/>	
	Postcode:	<input type="text"/>	Postcode: <input type="text"/>
	Email:	<input type="text"/>	
Any other relevant info:	<input type="text"/>		

Additional Emergency Contact Details

Please give details of any additional contacts the Academy should use in case parents cannot be contacted in an emergency.

Emergency Contact 1		Tel No.s: Tick 1 st priority to call	
Title:		Home	<input type="text"/> <input type="checkbox"/>
Forename(s):		Mobile	<input type="text"/> <input type="checkbox"/>
Surname:		Work / Daytime	<input type="text"/> <input type="checkbox"/>
Relationship to student:			
Any other relevant info:	<input type="text"/>		

Emergency Contact 2		Tel No.s: Tick 1 st priority to call	
Title:		Home	<input type="text"/> <input type="checkbox"/>
Forename(s):		Mobile	<input type="text"/> <input type="checkbox"/>
Surname:		Work / Daytime	<input type="text"/> <input type="checkbox"/>
Relationship to student:			
Any other relevant info:	<input type="text"/>		

4. Medical Information

Doctor (GP)

Doctor's Name:

Practice Name and Address:

Practice Telephone:

Medical History

Major Illnesses / Injuries:
(Please give details, including date and doctor/hospital attended – use additional sheet if required)

Current Medical Treatment:
(Please tell us if your child is receiving any medical treatment. Please include information about your child's individual symptoms and the care required.)

If this box is completed, the Student Health Officer will be in contact to complete a Healthcare Plan.

Emergency Consent

Tick to indicate consent

We will make every reasonable effort to contact you should a medical emergency arise. In case we cannot contact you quickly enough, we must have your consent to your child receiving urgently needed treatment.

Current Conditions / Medical Issues

Your child suffers from:	Yes	No	Comments (please add further details below or on separate sheet)
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hay-Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Severe Period Pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Any Eyesight problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Any Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Allergic to penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food allergies (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Current Conditions / Medical Issues (continued)...

Your child suffers from: Yes No Comments (please add further details below or on separate sheet)

Other allergies (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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My child carries their own Medication: Tick only if applicable

Epi-pen	<input type="checkbox"/>	It is the parents' responsibility to make sure these items are kept in date. Please ensure an additional epi-pen or inhaler is provided to be kept in Student Health in the event of an emergency.
Inhaler	<input type="checkbox"/>	

No other medications are allowed to be carried by a student. If your child requires any medication this should be signed in with Student Health with the correct labels.

5. Ethnicity / Cultural

Ethnic Group		Please tick one box	
White	- British	WBRI	<input type="checkbox"/>
	- Irish	WIRI	<input type="checkbox"/>
	- Traveller of Irish heritage	WIRT	<input type="checkbox"/>
	- Gypsy / Roma	WROM	<input type="checkbox"/>
	- White other	WOTH	<input type="checkbox"/>
Mixed	- White and Black Caribbean	MWBC	<input type="checkbox"/>
	- White and Black African	MWBA	<input type="checkbox"/>
	- White and Asian	MWAS	<input type="checkbox"/>
	- Any other mixed background	MOTH	<input type="checkbox"/>
Asian or Asian British	- Indian	AIND	<input type="checkbox"/>
	- Pakistani	APKN	<input type="checkbox"/>
	- Bangladeshi	ABAN	<input type="checkbox"/>
	- Any other Asian background	AOTH	<input type="checkbox"/>
Black or Black British	- Caribbean	BCRB	<input type="checkbox"/>
	- African	BAFR	<input type="checkbox"/>
	- Any other black background	BOTH	<input type="checkbox"/>
Chinese	CHNE	<input type="checkbox"/>	
Any other ethnic background	OOTH	<input type="checkbox"/>	
Prefer not to say	REFU	<input type="checkbox"/>	

Religion		Please tick one box	
Baptist	BPT	<input type="checkbox"/>	
Church of England	CE	<input type="checkbox"/>	
Other Christian	CHR	<input type="checkbox"/>	
Greek Orthodox	GRE	<input type="checkbox"/>	
Hindu	HIN	<input type="checkbox"/>	
Jehovah's Witness	JEV	<input type="checkbox"/>	
Jewish	JEW	<input type="checkbox"/>	
Methodist	MTH	<input type="checkbox"/>	
Muslim	MUS	<input type="checkbox"/>	
Roman Catholic	RC	<input type="checkbox"/>	
Sikh	SIK	<input type="checkbox"/>	
United Reform Church	URC	<input type="checkbox"/>	
Other	OTH	<input type="checkbox"/>	
No Religion	NON	<input type="checkbox"/>	
Prefer not to say	REF	<input type="checkbox"/>	

Language
 First language spoken (in early childhood at home) by the student

English

Not English

If first language is not English, please state language spoken at home

6. Nationality

Country of Birth:	National Identity:	Please tick one box
<input type="text"/>		Welsh <input type="checkbox"/>
Nationality:		English <input type="checkbox"/>
<input type="text"/>		Irish <input type="checkbox"/>
National Identity if "other" →		Scottish <input type="checkbox"/>
<input type="text"/>	←	British <input type="checkbox"/>
		Other (please state ←) <input type="checkbox"/>

7. Additional Information

Travel Arrangements	Provided Privately <input type="checkbox"/>	Provided by LA <input type="checkbox"/>	Meal Arrangements	Please tick one box
Walk	<input type="checkbox"/>		Free school meals	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>		Paid school meals	<input type="checkbox"/>
Car / Van	<input type="checkbox"/>		Packed lunch	<input type="checkbox"/>
Car Share	<input type="checkbox"/>			
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	If your child has ever had an entitlement for free school meals, please give dates Start date <input type="text"/> End date <input type="text"/>	
Train	<input type="checkbox"/>	<input type="checkbox"/>		
Dedicated School Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Public Service Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>			
Young Carer Is your child a Young Carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dietary Requirements	Please tick
Service Child Has any parent ever served for the regular HM Forces? If yes: Currently Serving <input type="checkbox"/> Or date left <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> No pork <input type="checkbox"/> Other (please state) <input type="text"/> <i>please enter food allergies in the medical information above</i>	

8. Related Students

Please give details of any other students at the Academy who are related to your child:		
Full Name	Year Group	Relationship

9. Parental Consents

Please tick the box to give consent to allow your child to do the following:

- Attend sex education lessons
- Take part in local school visits accompanied by an appropriate member of staff
- Access the internet at the Academy.

10. Parent's Agreement

Please tick **all** of the boxes below to confirm you have:

- Been provided with a copy of the Outwood Grange Academies Trust **Privacy Notice** and have returned a signed copy to the Academy either with this form
- Been provided with a copy of the Outwood Grange Academies Trust **Photograph Policy** and have returned a signed copy to the Academy either with this form
- Been provided with a copy of the Outwood Grange Academies Trust **Biometrics Policy** and have returned a signed copy to the Academy either with this form
- Given accurate information in this form and that you will endeavour to inform the school of any changes to these details at the earliest opportunity.

Print Name

Signature

Date

<i>This row is for office use only</i>	UPN:	Admin No:	VMG Group:
	Arrival Date:	CTF requested:	CTF imported:

Privacy Notice Declaration

I, _____ Student Name _____, declare that I understand that:

- Outwood Grange Academies Trust has a legal and legitimate interest to collect and process my personal data in order to meet statutory requirements.
- How my data is used.
- Outwood Grange Academies Trust may share my data with the DfE, and subsequently the LA and other parties as part of providing schooling.
- Outwood Grange Academies Trust will always ask for explicit consent where this is required, and I must provide this consent if I agree to the data being processed.
- My data is retained in line with the Trust's GDPR Data Protection Policy.
- My rights to the processing of my personal data.
- Where I can find out more information about the processing of my personal data.

Consent

- I consent to the auto generation of targets based on data relating to previous academic performance.

Signed (student): _____

Signed (parent/carer): _____

Date: _____

Photograph Policy Parental Consent

The purpose of this form is to obtain consent from parents/carers to use photographs and other 'media' to promote the academy and to celebrate publicly, the successes and achievements of students, both during and after their education at the Academy.

Where a student is deemed to have the capacity to give consent themselves, then the preferences expressed on this form will be considered alongside the views of the student.

From time to time representatives of the news media are invited to cover events at the Academy. When this happens there is a possibility your child/ren may be photographed, videoed, or interviewed for a news story.

I hereby consent to the use of photographs/videos/interviews taken of my child/ren by the Academy or the media for the purposes of advertising or publicising events, activities, facilities, programmes of the Academy in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

Please tick one of the choices below:

- Yes, I allow my child/ren to be used for publicity by and for the Academy (as mentioned above)
- No, I do not want my child/ren to be used for publicity by and for the Academy (as mentioned above)

There may be occasions where a newspaper or magazine article is written about an event, the success of a sports team or winners of a competition, in these cases the newspaper or magazine will want to publish photographs with names attached. I hereby consent to the use of photographs taken of my child/ren by Newspapers or magazines to celebrate victories or recognise events to be published with the name of my child associated with the picture.

Please tick one of the choices below:

- Yes, I allow my child/ren to have their name associated with their photograph in newspaper or magazine articles (as mentioned above)
- No, I do not want my child/ren to have their name associated with their photograph in newspaper or magazine articles (as mentioned above)

Social Media:

- Yes, I allow my child/ren to be used on the Academy social media sites
- No, I do not want my child/ren to be used on the Academy social media sites

Printed Name(s) of Child/ren: _____

Printed Name of Parent or Carer: _____

Signature of Parent or Carer: _____

Date: _____

We do not share your contact information with outside parties.

Biometric Consent form (parent/carer)

Student Name: _____

Please sign below if you consent to the Academy taking and using information from your son/daughter's fingerprint as part of an automated biometric recognition system. This biometric information will be used by the Academy for the purpose of charging for school meals.

In signing this form, you are authorising the Academy to use your son/daughter's biometric information for this purpose until he/she either leaves the Academy 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 Principal. Once your son/daughter ceases to use the biometric recognition system, his/her biometric information will be securely deleted by the Academy.

Parent consent:

Having read the above guidance information, I give consent to information from the fingerprint of my son/daughter being taken and used by the Academy for use as part of an automated biometric recognition system for the purchase of school meals.

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

Parent Name: _____

Signature: _____

Date: _____

Biometric Consent form (student)

Student Name: _____

Please sign below if you consent to the Academy taking and using information from your fingerprint as part of an automated biometric recognition system. This biometric information will be used by the Academy for the purpose of charging for school meals.

In signing this form, you are authorising the Academy to use your biometric information for this purpose until you either leave the Academy 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 Principal. Once you cease to use the biometric recognition system, your biometric information will be securely deleted by the Academy.

Student consent:

Having read the above guidance information, I give consent to information from my fingerprint being taken and used by the Academy for use as part of an automated biometric recognition system for the purchase of school meals.

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

Name: _____

Signature: _____

Date: _____

PARENTAL CONSENT FORM FOR REGULAR OUT OF SCHOOL ACTIVITIES

Student Name: _____ Year Group: _____

I hereby agree to my child participating in standard activities off the school site, but within the local area, for example, environmental studies, libraries, local museums, shops, parks, sporting fixtures, and joint activities with other schools.

I understand that:

- Such activities will normally take place within the school day, but that if, occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.
- My specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or adventure activities.
- All reasonable care will be taken of my child in respect of the activity/visit.
- My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal academy discipline procedures during the visit/activity.
- I will inform the academy of any medical condition or physical disabilities now, and/or as and when they arise.

Parent/Carer Name: _____

Signed (Parent/Carer): _____ Date: _____

Please return the Data Collection Form, signed Declaration and Consent Forms to the Student Information Desk **as soon as possible and by Friday, 20 September 2019 at the latest**