

# CARRICKFERGUS ACADEMY

## DATA COLLECTION FORM

**PLEASE COMPLETE AND RETURN ASAP  
TO BE COMPLETED FOR ALL PUPILS**

**Legal Surname:**  
as on birth certificate

**Full Forename:**

 Underline which name the child is known by

**Date of Birth:**

  /   /  

**Gender:**

☐ Male ☐ Female

**Brother/Sister  
in this school?**

☐ Yes ☐ No

**Current Address:**

Must include House Name or House Number

**Postcode:**

BT

### PARENTAL RESPONSIBILITY DETAILS

Please give details of **all persons who have parental responsibility** and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted.

#### PRIORITY 1

**Surname:**

Mr/Mrs/Ms

**Forename:**

**Relationship to Pupil:**

**Parental Responsibility:**

☐ Yes ☐ No

**Home Tel:**

**Work Place:**

**Work Tel:**

**Mobile:**

**Address including postcode:**

**Email:**

*Required field – please print clearly*

#### PRIORITY 2

**Surname:**

Mr/Mrs/Ms

**Forename:**

**Relationship to Pupil:**

**Parental Responsibility:**

☐ Yes ☐ No

**Home Tel:**

**Work Place:**

**Work Tel:**

**Mobile:**

**Address including postcode:**

**Email:**

*Required field – please print clearly*

#### PRIORITY 3

**Surname:**

Mr/Mrs/Ms

**Forename:**

**Relationship to Pupil:**

**Parental Responsibility:**

☐ Yes ☐ No

**Home Tel:**

**Work Place:**

**Work Tel:**

**Mobile:**

**Address including postcode:**

**Email:**

*Required field – please print clearly*

## MEDICAL DETAILS

Doctor:

Tel No:

Name and Address of Surgery:

Medical Information: (Please list any specific medical conditions)

Special Dietary Needs:

Eligible for Free Meals:

☐

Yes

☐

No

Native/First Language: (See below for options)

Religion: (See below for options)

Ethnicity: (See below for options)

Does your son/daughter wear glasses?

☐

Yes

☐

No

Does he/she have a hearing defect?

☐

Yes

☐

No

Is your child allergic to peanuts:

☐

Yes

☐

No

Previous School Name and Address:

**Please keep the school office updated with any changes to these details.**

The following table outlines the categories used by the Department of Education for the School Census returns. The categories are listed in Alphabetical order in each column. Please indicate your selection in the appropriate section on the form.

### Native/First Language

British Sign Language  
Cantonese  
Chinese  
Czech  
Egyptian  
English  
French  
Gujarati  
Japanese  
Mandarin  
Polish  
Punjabi  
Slovakian  
Spanish  
Other: please specify

### Ethnicity

Bangladesh  
Black – African  
Black – Caribbean  
Black – Other  
Chinese/Hong Kong  
Indian/Sri Lankan  
Irish Traveler  
Korean  
Malaysia  
Mixed Ethnic Group  
Other Non White  
Pakistani  
Vietnamese  
White

### Religion

Bahai  
Baptist  
Brethren  
Buddhist  
Church of England  
Church of God  
Church of Ireland  
Church of Jesus Christ of LDS  
Church of Scotland  
Congregational Church  
Elim  
Free Methodist  
Free Presbyterian  
Hindu  
Independent Methodist  
Jehovah Witness  
Jewish  
Methodist  
Moravian  
Muslim  
No Religion  
Other Christian  
Other Protestant  
Pentecostal  
Presbyterian  
Quaker  
Roman Catholic  
Salvation Army  
Seventh Day Adventist  
Sikh  
Unclassified

☐

Yes

☐

No

## PERMISSIONS

**Photograph permission:** In order to acknowledge achievement and involvement in school life, there may be times in your young person's school career when his/her image (still photos/video footage) may be recorded whilst taking part in school activities. To comply with GDPR and to enable us to use these images for display purposes in school, for publication in the local press, on the school web site, or for promotional purposes in school/Education Authority publications, parental consent is required.

**Please indicate whether or not you give your permission for this pupil's still/moving image to be used.**

☐ Yes ☐ No

Should you withhold your permission for any reason, we must ask you to inform your child to **tell the teacher in charge at the time** to exclude him/her from the photograph in question. Staff will, of course, be aware of the school's policy in relation to such requests and will act in accordance with this. The response you give will apply during subsequent years, unless the school is otherwise informed.

**Court Orders:** Please give details of any Court Orders which relate to the child and their effect. Adoption Orders do not need to be disclosed. If there are any implications for the school, these can be discussed in confidence.

### Child Protection Register:

Is your child now, or have they been, on the Child Protection Register in the last 12 months?

☐ Yes ☐ No

**Additional Information:** In the space below give any additional information regarding your child., eg., health problems, behavioural difficulties, home circumstances, which you think we should know in order to help us work with your child. If there are any details concerning your child's welfare or background that you do not wish to note, it is possible to arrange to see the Principal or Year Mentor. Please write, or telephone for an appointment.

**GDPR:** The school is registered under GDPR 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 Education Authority and with the Department of Education. **Basic pupil information such as pupil name, home address, date of birth and telephone number will also be shared with the Careers Service and with the Child Health System and will be used by them solely for Careers Advice and School Immunisation respectively.**

Signature:

Date: