



St Bede's School – Personal Information

Student Information			
Legal Surname:	Legal Forename:	Middle Name:	Date of Birth:
Preferred Surname:	Preferred Forename:	Gender:	Name of previous school:
Medical Information			
Name of your Family Doctor:	Address of Surgery:	Tel No:	
Has the student had any illness or disabilities which we should know about? Please mention all prescribed medication.			
Does the student have a sight or hearing problem?		Does the student have a caring responsibility for a family member?	
Ethnicity			
Please circle where appropriate			
White British Irish Traveller of Irish Heritage Gypsy/Roma Any other white background	Asian or Asian British Indian Pakistani Bangladeshi Any other Asian Background	Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background	Black or Black British Caribbean African Any other Black background Any other ethnic background Refused
Home Language:		Religion:	
Additional Information			
Does the student have a SEN statement? (Please tick): Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, please provide date of assessment	
Does the student have any special difficulties with reading, writing or mathematics? Please give details (including SEN graduated response if known)			
Does the student have any dietary needs? Please give details.			
Lunchtime Arrangements. (Please tick): Free <input type="checkbox"/> Paid <input type="checkbox"/> Packed Lunch <input type="checkbox"/>			
Travel Arrangements: Bus <input type="checkbox"/> Car <input type="checkbox"/> Walk <input type="checkbox"/> Other <input type="checkbox"/>			
Do you consent to receive text messaging communication using the mobile provided to us? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Biometric data is used for your child's fingerprint for the school meals system which requires a fingerprint to obtain food within school and to top up their account. Do you consent to your child's data being used for this purpose? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to your child participating on school visits?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to your child receiving sex education?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to your child's image being used in school displays, including the school prospectus and school newsletter ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to your child's image being used on the school website? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consent to your child's image being used on the school's social media sites? (Facebook, Twitter) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Local media often want to come and photograph school event such as sports day or school plays, do you consent to your child's image being used for such purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Sibling Information

Does the student have any brothers or sisters who attend St. Bedes

Surname Brother/Sister)	Forename	Year/Reg. Group	Relationship (eg
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.....
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Parental/Carer Information

Please note it is your responsibility to inform parents/carers that their personal details have been submitted

Parent/Carer's Personal Details:	Parent/Carer's Personal Details:
Title (Ms, Mrs, Miss, Dr, etc):	Title (Mr, Dr, etc):
Forename:	Forename:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Home Tel No:	Home Tel No:
Mobile No:	Mobile No:
If you would like us to contact you by email please provide your email address: E-Mail:	E-Mail:
Relationship to student:	Relationship to student:
Legal 'Parental Responsibility' for the student: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Legal 'Parental Responsibility' for the student: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the student live at this address (please tick) : Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Does the student live at this address (please tick) : Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please state where the student lives and with whom: Name:	If no, please state where the student lives and with whom: Name:
Address:	Address:

Parent/Carer's Work Details:	Parent/Carer's Work Details:
Serving in HM Forces: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Serving in HM Forces: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Work Tel No:	Work Tel No:

If the student is ill, or has an accident at school and we cannot contact a parent/carers, who should we try next?

Title (Mrs, Miss, Mr etc): Forename: Surname:

Address:

Postcode: Home Tel No:

Relationship to the student (eg. Grandmother, Aunt, Neighbour etc):

Data Protection Act 2018

The information you supply on this form regarding your child will be held on computer or other filing system and may be checked against other information held by our Local Authority and any other related agency. Your child's information is covered by the Data Protection Act 2018 which gives you the right to see it if you want to. Please note that we may share your information without your consent if there is a legal requirement to do so.

Please be aware that it is your responsibility to inform us if any details change so that our records can be updated.

