

## PERSONAL DETAILS & CONSENT FORM

Student surname		Legal surname	
Forename		Middle name	
Chosen name		Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other (please specify) _____		
Address			Postcode
			Telephone number
			Mobile number
			Email address

### Emergency Contacts

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order that you wish for them to be contacted in an emergency. Please note that email is used to issue letters and for Parents' Evening bookings.

Contact Order 1		Contact Order 2	
Name		Name	
Home address		Home address	
Home telephone number		Home telephone number	
Work telephone number		Work telephone number	
Mobile number		Mobile number	
Email address		Email address	
Relationship to student		Relationship to student	
Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Order 3		Contact Order 4	
Name		Name	
Home address		Home address	
Home telephone number		Home telephone number	
Work telephone number		Work telephone number	
Mobile number		Mobile number	
Email address		Email address	
Relationship to student		Relationship to student	
Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Change of Details

We ask that you keep us informed of any changes in personal details and contact information and emphasise how important this is in the case of an emergency.

### Travel Arrangements (Majority Use)

Public bus service     
  Car/van     
  Walk     
  Bicycle     
  Taxi

### Dietary Needs/Meal Arrangements

Does your child have an entitlement for Free School Meals?       Yes       No

### Pupil Premium Funding

Have you applied for Free School Meals in the last 6 years?       Yes       No

**Medical Details**

Doctor's name		Medical condition(s)	
Practice name			
Practice address		Medication: Does your child regularly take medication prescribed by a doctor?	<input type="checkbox"/> Yes (please provide details)
Practice telephone number			<input type="checkbox"/> No

**Previous School**

Address		Telephone number	
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**Siblings at Fareham Academy**

Name		Tutor group	
Name		Tutor group	

**Details of any Special Educational Needs**

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**Other Services/Outside Agencies Involved**

Please give details of any services that have recently been involved with the child (e.g. Social Services, Educational Psychologist, Speech Therapist, Child & Family etc.)

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**Adoption Details**

Was your child adopted from care?	<input type="checkbox"/> Yes (Adoption date: _____)	<input type="checkbox"/> No
Is your child under a special guardianship order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ethnicity			
A. Asian or Asian British	B. Black, Black British, African or Caribbean	C. Mixed or multiple ethnic groups	D. White
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background*	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background*	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background*	<input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background*
*Please specify any other ethnic background here:			
<b>Nationality</b>			
<b>Religion</b>			

English as an Additional Language	
Does your child speak another language?	<input type="checkbox"/> Yes (Language: _____) <input type="checkbox"/> No
Has your child lived abroad?	<input type="checkbox"/> Yes (Location: _____ Duration: _____) <input type="checkbox"/> No
Is English an additional language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date entered into the UK	

Service Children in Education	
Does your child have a parent/carer with parental responsibility and care who is currently serving in the UK Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a parent/carer with parental responsibility who may have served in the UK Armed Forces less than 4 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parental Consent - Copyright	
We assume that it is acceptable to use your child's photograph, audio or video in any publicity or celebration material <u>unless</u> you tell us to the contrary. (Please tick if <u>not</u> acceptable).	<input type="checkbox"/>

**Data Protection Act 2018**

The information that you provide on all Academy forms will be held on the computerised database maintained by the Academy as the data controller. Your child's data will be used in accordance with the principles set out in the Data Protection Act 2018, which protects the right to privacy of individuals whose personal details are held by the data controller. Fareham Academy will only make details available within the Local Authority; to Hampshire County Council schools and their governance bodies; the Department of Education or any other bodies involved with the care of children at the Academy.

<b>Signature</b>	<b>Date</b>