

S11/1 Data Collection on Admission to School: Pupil Information

This form is for completion by the Parent/Guardian of every child **once** they have been given a place at the school.

Parents/Guardians must also complete S11/2 giving **your** contact details as well as information on people to be contact in the event of an emergency.

Please provide as much of the following information as you can. If you need help in completing the form, please ask the School Administrator/Secretary/Bursar. The grey shaded areas are for the school's use. Please return your completed form to the school.

School

1 Pupil's Basic Details

Legal Surname* Legal Forename
Gender Male Female Date of Birth: Middle Name(s)
Preferred Surname* Preferred Forename
(if different) (if different)

* please see note under 'General Principles for Schools' on the S11/2 Contacts Information Form

For Schools Use Only

Birth Certificate Seen? Please tick if you have seen the child's Birth Certificate or any other legal document, e.g. Deed Poll, specifying the **Legal** surname of the child.

Admission Date Admission No. UPN

2 Pupil's Address

Address
 Postcode

3 Pupil's Medical Details

Emergency Consent? e.g. the school has permission to give/arrange emergency treatment Yes No

Dietary Needs Please tick any that apply

Artificial colouring allergy Kosher Foods only No pork Other (please specify below)
 Gluten Free No dairy produce Seafood Allergy
 Halal No nuts of any type or quantity Vegetarian

Medical Practice

Doctor's Name Surgery Name

Surgery Address Tel No

Other Medical Information
e.g. asthma, diabetes

Ethnicity**Ethnic information was provided by:** Parent Pupil

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner recommends that young people aged 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.

Please tick one box only

White

- British
 Irish
 Traveller of Irish Heritage
 Gypsy/Roma
 Greek/Greek Cypriot
 Turkish/Turkish Cypriot
 Western European¹
 Eastern European²
 Other³

Chinese

- Hong Kong Chinese
 Other Chinese⁴

Any Other Ethnic Background

- Afghan
 Arab⁵
 Filipino
 Iranian
 Japanese
 Malay⁶
 Thai
 Any other Ethnic group⁷

Black or Black British

- Caribbean
 African
 Any other Black background

Mixed

- White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

I do not wish an ethnic background group to be recorded

Notes:

- 1 Western European** includes: Italian, French, German, Spanish, Portuguese and Scandinavian.
2 Eastern European inc: Russian, Latvian, Ukrainian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Montenegrin and Romanian.
3 Other White Background includes: any white category not previously mentioned e.g. Albanian, Australian, Bosnian-Herzegovinian, Canadian, Croatian, Kosovan, New Zealander, North American, Serbian/Yugoslavian.
4 Other Chinese includes: Mainland Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, any other non-Hong Kong Chinese.
5 Arab includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian.
6 Malay includes Malaysian other than Malaysian Chinese (see Note 4).
7 Any other ethnic group includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (inc. Kurdish pupils from Iraq, Iran and Turkey), Latin/South/ Central American (inc. Cuban and Belizean), Lebanese, Libyan, Moroccan, Polynesian (inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni.

Religious Affiliation please tick one box only

- Baha'i Christian Jewish Sikh No Religion
 Buddhist Hindu Muslim Other * Decline to answer

* please specify

Pupil's First Language What was the first language your child understood/spoke?

- English Other please specify:

Pupil's Country of Birth:

Pupil's Nationality:

Asylum Status (please tick if either of the following apply) this pupil is seeking asylum this pupil is a refugee

Meals

please tick to indicate which of the following your child is most likely to have:

- Free School Meal Home Sandwiches School Meal

Note: it is important that parents of Foundation / Key Stage 1 pupils complete the **Free School Meals Form BR35(1)** in order that schools can receive Pupil Premium.

Mode of Travel

please tick to indicate which of the following your child is most likely to use to get to school:

- Bicycle Car Share ¹ Dedicated School Bus ² Taxi Walk
 Car/Van Public Service Bus ² Bus (type not known) ² Train Other

¹ with child/children from a different household

² Route (if known)

Service Child

Does this child have a parent(s) in regular HM Forces military units?
 (applies to children whose parents are Pstat Cat1 or Pstat Cat2)

- yes no

For further information please see 'MOD Personnel Categories definition' in the Additional Guidance section of our website at <https://new.devon.gov.uk/supportforschools/administration/school-census>

Recoupment

The following information is required so that the Local Authority can recover the cost of educating children who are not its responsibility, mainly because the child's normal place of residence falls within a different Local Authority.

Please tick the appropriate box if you pay Council tax to one of the following Councils:

- Cornwall Plymouth Torbay
 Dorset Somerset Other (i.e. not Devon or one of the others listed)

Linked Agencies

It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child for example Social Care (i.e. Social Services)*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below:

* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child, e.g. Devon, Torbay etc below.

Child In Care Local Authority responsible for child:

Special Educational Needs

Please tick if this child has Special Educational Needs (i.e. has a Statement for Special Education Needs or an Education and Health Care Plan (EHCP) or is currently being Assessed)

Previous School

Please provide details of the last school attended (includes Nursery Schools/Units or Pre-Schools/Playgroups)

School Name

School Address
(if known)

School Tel No. (if known)

Date of arrival at previous school *

Date of leaving previous school *

*An approximate date would be helpful if the exact date is not known e.g September 2013

Reason for leaving, e.g. moved house, normal school transfer age

Siblings

Please give details of any other children in your family with their dates of birth.

Forename(s)

Surname

Date of Birth

6 Parent Signature

Your signature

Date

Please complete form S11/2 Data Collection on Admission to School - Contacts

7 What we do with the information you have provided on the S11 form (Data Protection)

Schools hold information on pupils and parents in order to run the education system, (ie to support the pupil's teaching and learning, to monitor and report on their progress, to provide appropriate pastoral care, and to assess how well the school as a whole is doing *) and in doing so have to follow the Data Protection Act 1998. This means, among other things that the data held must only be used for specific purposes allowed by law.

From time to time the school is required to pass on some of this data to the Local Authority (LA), to another school to which the pupil is transferring, to the Department for Education (DfE), Careers South West, Department of Health (DH), Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs), the Office for Standards in Education (Ofsted), Education Funding Agency (EFA), Skills Funding Agency (SFA), Youth Offending Teams and other partnership organisations working with Schools to provide a service to pupils such as Virgin Care, and to Ofqual who regulates qualifications and assessments and the Standards and Testing Agency who develop national curriculum tests.

Pupils have certain rights under the Data Protection Act, including a general right of access to personal data held on them, with parents exercising this right on their behalf if they are too young to do so themselves. If you wish to access the personal data held about your child, then please contact the relevant organisation in writing:

The School

The LA at Devon County Council, Information Governance, Room 120, County Hall, Topsham Road, Exeter, Devon EX2 4QD

The DfE at Ministerial & Public Communications Unit, Department for Education, Piccadilly Gate, Store Street, Manchester M1 2WD

The DH's Data Protection Manager at Department for Health, Room 7N, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Devon CCG via Information Governance Manager at NHS NEW Devon CCG, Newcourt House, Old Rydon Lane, Exeter EX2 7JQ

The EFA at Education Funding Agency, Sanctuary Buildings, 20 Great Smith Street, Westminster, London SW1P 3BT

Ofsted's Information Management Team at Ofsted, Freshford House, Recliff Way, Bristol BS1 6NL

Ofqual's Data Protection Officer at Ofqual, Spring Place, Herald Avenue, Coventry CV5 6UB

The SFA's Information Rights Manager at Cheylesmore House, Quinton Road, Coventry, Warwickshire CV1 2WT

The Standards and Testing Agency at 53-55 Butts Road, Earlsdon Park, Coventry CV1 3BH

*This information also includes National Curriculum assessment results, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

Information on how the Local Authority uses your data is available in "What the LA does with your data" Guide from <https://new.devon.gov.uk/supportforschools/administration/data-protection/privacy-notices>

1 Pupil's Basic Details

Name of Child contact details are for:

UPN (for school's use only)

Please give details of everyone who has parental responsibility (see Note on page 6) and anyone else to be contacted in an emergency. Please give details of parents/guardians first, but give a low number in the Contact priority box for any other people who should be contacted in an emergency. (Contact priority 1 i.e. the first person to contact in an emergency, Contact priority 2 i.e. the second person to contact in an emergency, etc).

2 Your Details

Surname

Forename (s)

Gender

 Male

 Female

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child please tick to indicate which of the following applies;

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/Spiritual Contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step Father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Step Mother | <input type="checkbox"/> Other Contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'Parental Responsibility'? (see end of document for guidance)

 yes

 no

Is there a Court Order relating to this child?

 yes

 no

Contact Priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>
Work	<input type="text"/>	<input type="checkbox"/>
Mobile	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

E-mail

Home

Work

Address (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes no

Place of Work

3.1 Parent / Contact

Surname

Forename (s)

Gender

Male

Female

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child please tick to indicate which of the following applies;

Mother

Social Worker

Foster Mother

Teacher

Father

Religious/Spiritual Contact

Headteacher

Doctor

Other Family Member

Childminder

Step Father

Carer

Other Relative

Foster Father

Step Mother

Other Contact

Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'Parental Responsibility'? (see end of document for guidance)

yes

no

Is there a Court Order relating to this child?

yes

no

Contact Priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home

Work

Mobile

Other

E-mail

Home

Work

Address (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes

no

Place of Work

3.2 Parent / Contact

Surname Forename (s)

Gender Male Female Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child please tick to indicate which of the following applies;

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/Spiritual Contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step Father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Step Mother | <input type="checkbox"/> Other Contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'Parental Responsibility'? (see end of document for guidance) yes no

Is there a Court Order relating to this child? yes no

Contact Priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

E-mail

Home

Work

Address (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer? yes no

Place of Work

3.3 Parent / Contact

Surname Forename (s)

Gender Male Female Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child please tick to indicate which of the following applies;

- Mother Social Worker Foster Mother Teacher
- Father Religious/Spiritual Contact Headteacher Doctor
- Other Family Member Childminder Step Father Carer
- Other Relative Foster Father Step Mother Other Contact
- Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'Parental Responsibility'? (see end of document for guidance) yes no

Is there a Court Order relating to this child? yes no

Contact Priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

E-mail

Home

Work

Address (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer? yes no

Place of Work

3.4 Parent / Contact

Surname Forename (s)
Gender Male Female Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

Relationship to child please tick to indicate which of the following applies;

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Father | <input type="checkbox"/> Religious/Spiritual Contact | <input type="checkbox"/> Headteacher | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Childminder | <input type="checkbox"/> Step Father | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Step Mother | <input type="checkbox"/> Other Contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) | | | |

Does this person have 'Parental Responsibility'? (see end of document for guidance) yes no

Is there a Court Order relating to this child? yes no

Contact Priority (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is
a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

E-mail

Home
Work

Address (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes no

Place of Work

What is Parental Responsibility?

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

- Decisions about where they live
- Whether the child should receive medical treatment
- What religion they should follow
- Which school they should attend

Who has Parental Responsibility?

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

- Registering the birth jointly with the mother
- Through a 'parental responsibility agreement' between him and the child's mother
- As the result of a court order

People other than a child's natural parents can acquire parental responsibility through;

- Being granted a residence order or a child arrangement order (from 2014)
- Being appointed a guardian
- Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
- Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child

Everyone who is a parent, whether they are a resident or non-resident parent, has the same right to participate in decisions about a child's education and receive information about the child.

School staff must treat all parents equally, unless there is a court order limiting an individual's exercise of parental responsibility. Individuals who have parental responsibility for, or care of, a child have the same rights as natural parents, for example:

To receive information e.g. pupil reports

To participate in activities e.g. vote in elections for parent governors

To be asked to give consent e.g. to the child taking part in school trips

To be informed about meetings involving the child, e.g. a governors' meeting on the child's exclusion

We have received the following advice from the County Solicitor's office concerning pupil surnames:

Where only one person holds parental responsibility for a child, he or she has the legal right to effect a change of the child's surname without any permission or consent.

Where more than one person has parental responsibility for a child, the surname of a child can only be changed with the consent or agreement of all those having parental responsibility for a child.

Where two or more people have parental responsibility for a child and there is in force either a residence or care order, then one of those people can only lawfully cause a change of the child's surname if all other people with parental responsibility consent in writing.

In any other situation it is necessary for the person seeking to change a child's surname to obtain an appropriate order from a court.