



Pupil Data Collection Form

Please complete all GREEN sections

Section A: PUPIL INFORMATION			
Legal Forename(s):		Legal Middle Name:	
Legal Surname:		Date of Birth:	
Home Address:			
Post Code:		Home Tel No:	
Sister (s) at Upton Hall School FCJ:			
Name (s):			Form (s):

Section B: PARENT/GUARDIAN INFORMATION			
List in the order in which you wish us to make contact:			
1.	Title:		Full Name:
	Relationship to Pupil:		Contactable In an Emergency?
	Mobile No:		Work Tel No:
	Address <u>if different</u> to Section A above :		
	Parent / Guardian Home Email Address:		
	Work Email Address:		

2.	Title:		Full Name:
	Relationship to Pupil:		Contactable In an Emergency?
	Mobile No:		Work Tel No:
	Address <u>if different</u> to Section A above :		
	Parent / Guardian Home Email Address:		
	Work Email Address:		

Letters will be addressed to both parents/guardians using the pupil's surname. If this is not appropriate, please indicate the correct form of address :

3. ADDITIONAL/ALTERNATIVE EMERGENCY CONTACT.			
Title:		Full Name:	
Relationship to Pupil:		Tel No:	

Section C: HERITAGE INFORMATION – please confirm with a YES											
RELIGION	R.C.		CofE		Christian		Jewish		Hindu		Sikh
	Muslim		None		Other (please state):						
ETHNICITY	White: British				Irish			Chinese		Indian	
	Black: Caribbean			Asian: Bangladeshi			African		Pakistani		
	Mixed: Please State				Refused						
	Other:										
Is English the first spoken language as a child							If not, please state language:				

Section D: MEDICAL DETAILS			
Name of Doctor:			
Surgery Name:			
Surgery Address:			
Telephone No:			
Does your child have hearing problems?			Right Ear Left Ear
Does your child suffer from any of the following (Please state yes or no):			
Asthma		Diabetes	
Migraine		Eczema	
		Hayfever	
		Epilepsy	
		Allergy (state details):	
Epi Pen : does your child use an Epi Pen			
(If yes a spare must be provided on their first day to be held at reception)			
Other Medical Information State:			

Section E: OTHER INFORMATION	
PARISH DETAILS	
Which Parish do you live in?	
(Optional) For example: If you are Catholic the parish name is the same name as your local church	
Which Church do you attend?	
For example: St Josephs, Upton / St Josephs, Birkenhead etc.	
Section F: PERMISSIONS	
	Yes/No
BIOMETRIC PERMISSION – give permission for my daughter’s finger print to be taken to generate a code which is used to access school photocopying, school lunch provision and (entry to school premises - Sixth Form only). Please note fingerprints are not stored.	
INTERNET – give permission to access the internet and use IT provision responsibly.	
MEDIA PERMISSION – give permission for the taking of photographs/films of daughter to accompany news stories for the website and/or Twitter or for use in publicity material.	
YOUTH SUPPORT SERVICES – give permission for sharing information with the Local Authority via AnycommsPlus for the purposes of youth support, careers guidance and post 16 education and training providers	
EDUCATIONAL TRIPS AND VISITS – give permission for my daughter to take part in Educational Trips and Visits Outside the Classroom (specific details will be provided for each trip).	
You can modify your consent at any time via Parent App or by contacting our Data Manager, Mrs D Taylor on detaylor@uptonhall.org .	
I have read the Privacy Notice available on our website www.uptonhallschool.co.uk and will contact the Data Protection Officer in writing if I have queries.	
Section G : FREE SCHOOL MEALS	
Please confirm if your daughter currently receives Free School Meals	
We respectfully request that both parents register on the Wirral Online Free School Meals website, whether or not your child is currently in receipt of FSM. This will ensure continued entitlement (if currently in receipt) and enables our school to be notified automatically as parents become entitled in the future, the site web address is: https://www.cloudforedu.org.uk/ofsm/sims-wirral/	
You will only need to register once, as in accordance with current regulations, this ensures that if/when entitled to FSM the entitlement will last for the duration of your daughter’s education with us.	
Please type in your full name and complete the Google Form to confirm	
Full Name Parent / Guardian	Date:

(The Information on this form is processed electronically for information purposes and is subject to the terms of GDPR May 2018)