



The Bishop of Winchester Student Contact Information Form

SCIF

The details below are required to enable us to keep up to date information of contact records for your child. We, therefore, ask that all sections are answered fully, paying particular attention to mobile phone numbers and email addresses. Should any further change occur for any of the details please notify us, so we can ensure that correct details are held for your child.

Incorrect details could cause delay in contacting someone in the case of an emergency

Student Details

Legal surname:		Legal forenames:	
If different, preferred surname:		If different, preferred forename:	
Date of birth:			
Home Address:		Postcode:	
Home Telephone No:		Please indicate if both parents reside at home address	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Contact Details

In case of an emergency it is sometimes necessary to contact parents/guardians during school hours. Please ensure that you provide details where you can be contacted in the event of an emergency.

Contact 1:		Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full name:		Relationship to child:	
Contact address: (if different to above)		Email Address:	
Work Telephone No:		Mobile Telephone No:	
Contact 2:		Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full name:		Relationship to child:	
Contact address: (if different to above)		Email address:	
Work Telephone No:		Mobile Telephone No:	

Emergency Contacts

Please provide the names and contact details for 2 other emergency contacts

Contact 3		Contact 4	
Name:		Name:	
Relationship to child:		Relationship to child:	
Address:		Address:	
Home Telephone No:		Home Telephone No:	
Mobile Telephone No:		Mobile Telephone No:	

Medical Information

Does your child have any medical conditions which you wish the academy to be aware of? Yes No

If you have answered 'yes' to the above please give brief details below and complete a Medical Statement Form and, if appropriate, Parental Agreement to Administer Medication Form.

Doctor's Information

Name of family doctor:

Address:

Telephone number:

Special Education Needs

Does your child have any special educational needs? Yes No

If you have answered 'yes' to the above please give brief details below

Travel Arrangements

Please indicate which of the following methods of transport your child will use to travel to and from the Academy:

Walk		Bicycle		Public bus		Car	
Taxi		Train		Car share (with another family)			

Lunch Arrangements

Please indicate which of the following will apply to your child:

Packed lunch		Have a school lunch		Has applied for / already has a Free School Meal	
--------------	--	---------------------	--	--	--

Application forms for Free School Meals are available on the Academy and Local Authority websites.

Confidential Ethnically based statistics

The purpose of the following information is to assist the Department of Education, Local Authority, schools etc to ensure that the education provided in schools and academies meets the needs of all its students and thus help to secure equality of opportunity for all students. You are invited to complete this section.

Ethnic Origin

Please specify ethnic origin by entering the relevant number in the box:

(People descending from more than one ethnic group should indicate the group to which you consider your child to belong)

- | | | | |
|----------|----------------------------|----------|------------------------|
| 1. ABAN | Bangladeshi | 16. WENG | White – English |
| 2. AIND | Indian | 17. WCOR | White – Cornish |
| 3. AOTH | Any other Asian background | 18. WEEU | White Eastern European |
| 4. APKN | Pakistani | 19. WIRI | White – Irish |
| 5. BAFR | Black – African | 20. WIRT | Traveller |
| 6. BCRB | Black – Caribbean | 21. WOTH | Other white |
| 7. BOTH | Any other black background | 22. WPOR | Portugese |
| 8. CHNE | Chinese | 23. WROM | Gypsy / Gypsy Roma |
| 9. MOTH | Any other mixed background | 24. WWEU | White Western European |
| 10. MWAS | White and Asian | 25. WWEL | White – Welsh |
| 11. MWBA | White and black Asian | 26. WSCO | White – Scottish |
| 12. MWBC | White and black African | | |
| 13. TUR | Turkish | 28. REF | Refused |
| 14. OKOR | Korean | | |
| 15. OOEG | Any other ethnic group | | |

Please specify your child's country of birth:

Please specify your child's nationality:

Please specify home language by entering the relevant number in the box:

- | | | |
|--------------------|--------------|--------------|
| 1. Bengali | 8. Punjabi | 14. French |
| 2. Cantonese | 9. Portugese | 15. Japanese |
| 3. English | 10. Spanish | 16. Russian |
| 4. Persian / Farsi | 11. Turkish | 17. Greek |
| 5. Polish | 12. Urdu | 18. Romanian |
| 6. Hindi | 13. Arabic | 19. German |
| 7. Italian | | |

Please specify your religion:

Privacy Notice

We, **The Bishop of Winchester Academy**, are a data controller for the purposes of the General Data Protection Regulations. We collect information about your child from you, your child's previous school, and the Learning Record Service. We hold this information and use it to:

- Support Teaching & Learning
- Monitor and report progress
- Provide appropriate pastoral care
- Assess how well the school is doing.

We will not give information about you or your child to anyone outside the school without your consent unless the law and our rules allow us to do so.

We are required by law to pass some information about your child to the Department for Education (DfE) and, in turn, this will be available for the use(s) of the Local Authority.

Full details are available on our website – www.tbowa.org

Youth Support Services

Once your child is aged 13 or over, we are required by law to pass on certain information to providers of Youth Support Services in our area. This is the local authority support service for young people aged 13 to 19 in England. We must provide names and addresses for both you and your child, and your child's date of birth and any further information relevant to the support services' role.

Until your child is aged 16 or older, you as parent(s) can ask that no information beyond your child's name, address and date of birth (and your name and address) be passed on to the youth services provider. This right transfers from you on your child's 16th birthday.

Photographic Images

We really value using photos and video of students, to be able to showcase the excellent work that students do in school; their gifts and talents; and the ways in which they 'live life to the full'. We like to display students work and photos in and around school, in our newsletter to parents and on our website.

In order to comply with the new data protection regulations (GDPR) as of 25th May 2018, we would like your consent to take photographs or video of your child, and use them in the ways described below.

	Yes / No
I am happy for photos/video of my child to be used on the school website	
I am happy for photos of my child to be used in school literature	
I am happy for photos of my child to be used in internal displays	
I am happy for photos of my child to be used in the local news media	

If you change your mind, regarding images of your child, at any time, please let us know by emailing info@tbowa.org, completing and submitting the photo consent form via the website, or contacting the reception either in person or by telephone (01202 512697)

Signature:		Relationship to student:	
Date:			