

Student Data Collection Form

Student Name (CAPITAL LETTERS)

Please return your completed data form to:

Mrs J Edwards
Admissions Officer
Ormiston Rivers Academy
Southminster Road
Burnham-on-Crouch
Essex
CM0 8QB

Student personal details

Legal Surname: _____

Legal Forename: _____

Middle Name(s): _____

Preferred Forename: _____

Preferred Surname: _____

Date of Birth: _____ (day/month/year)

Gender at Birth: Male/Female*

Preferred pronouns: He / Him / His / His / Himself or She / Her / Her / Hers / Herself or
They / Them / Their / Theirs / Themselves*

Address: _____

_____ Postcode: _____

* Delete as applicable

Name(s) of any siblings currently attending Ormiston Rivers Academy:

Name & year group: _____

Name & year group: _____

Office use only:

UPN: _____

Data input to SIMS by: _____ Date: _____

Family information and emergency contacts

Please give details of all persons who have parental responsibility and any others whom Ormiston Rivers Academy should contact in an emergency. It is important for us to know who has Parental Responsibility; please do not leave the field blank. Further information: www.direct.gov.uk/en/Parents/ParentsRights/DG_4002954 Please note our preferred method of communication is by email and the MyEd App. We use Go4Schools to provide Academic Reports, Attendance Data, Timetable information and maintain up to date pastoral information.

Parent/Carer Details – Contact 1

Parental/Legal Responsibility YES/NO

Title & Surname		Mobile phone number	
Forename		Home phone number	
Date of birth		Email address	
Relationship to Student		Work phone number	
Address		Work address	
Post Code		Post Code	

Parent/Carer Details – Contact 2

Parental/Legal Responsibility YES/NO & Access to Go4Schools YES/NO

Title & Surname		Mobile phone number	
Forename		Home phone number	
Date of birth		Email address	
Relationship to Student		Work phone number	
Address		Work address	
Post Code		Post Code	

Parent/Carer Details – Contact 3

Title & Surname		Mobile phone number	
Forename		Home phone number	
Date of birth		Email address	
Relationship to Student		Work phone number	
Address		Work address	
Post Code		Post Code	

Please ensure that all three contact boxes are completed, many thanks, ORA

Medical Information

Doctor's Name: _____

Surgery name/
Address: _____

Surgery Telephone number: _____

Prescribed medication for students can be held at student reception and the relevant form completed. We can provide that on request.

Please tell us if your child is receiving any medical treatment. It will help us if we have information about your child's individual symptoms and the care required whilst at Ormiston Rivers Academy.

Known medical conditions:

Asthma	Yes/No	Type 1 Diabetes	Yes/No	Type 2 Diabetes	Yes/No
Epilepsy	Yes/No	Eczema	Yes/No	Other*	Yes/No

*Please provide details if you have indicated YES on other medical conditions:

Medication details:

Allergies:

Type: _____

Medication taken: _____

Has your child had an operation in the last 24 months? YES/NO

If YES, please provide details:

Does your child currently have a Medical Health Care Plan? YES/NO

If yes, we will contact you to discuss this in more detail.

Student personal details continued -Ethnic group - please tick one box

White	British	WBRI	
	Irish	WIRI	
	Traveller of Irish heritage	WIRT	
	Gypsy/Roma	WROM	
	White other	WOTH	
Mixed	White & Black Caribbean	MWBC	
	White & Black African	MWBA	
	White & Asian	MWAS	
	Any other mixed background	MOTM	
Asian or Asian British	Indian	AIND	
	Pakistani	APKN	
	Bangladeshi	ABAN	
	Any other Asian background	AOTA	
Black or Black British	Caribbean	BCRB	
	African	BAFR	
	Any other black background	BOTH	
	Chinese	CHNE	
	Any other ethnic background	OOth	
	Prefer not to say	REFU	

Religion – please tick one box:

7th Day Adventist	7TH	
Anglican	ANG	
Baptist	BPT	
Buddhist	BUD	
Christian	CHR	
Church of England	COE	
Hindu	HIN	
Jehovah's Witness	JWS	
Jewish	JEW	

Methodist	MTH	
Muslim	MUS	
Roman Catholic	ROC	
Sikh	SIK	
United Reformed Church	URC	
Other	OTH	
No religion	NON	
Prefer not to say	UNK	

Nationality: _____ Country of birth: _____

First language spoken by the student: English/Other (please state): _____

Is English spoken as an additional language: YES/NO

Meal arrangements:

Free School Meal	Yes/No	Paid School meal	Yes/No
Packed meal	Yes/No	Other:	

Travel arrangements:

Please tick one box for the student's most frequently used method of transport

Dedicated School bus*	
Public service bus	
Car/van	
Train	
Walk	
Taxi	
Bicycle	

If your child is in need of a dedicated school bus please apply via Essex County Councils website at: <https://www.essex.gov.uk/school-transport/Apply-for-school-transport>.

Please allow plenty of time for Essex County Council to process your transport application.

Service Children in Education:

Is any parent of this student serving in regular HM Forces and exercising parental care and responsibility?

Yes	No	Prefer not to say
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Parents designated as Personal category 1 or 2, as detailed on the MoD website:
<http://www.mod.uk>

This information will be of use to help identify both the impact of being a Service child has on their education and the impact that catering for large numbers of Service children has on the school. Please note, however, that data on individual students is not being shared with the MoD.

Special Education Needs:

Is your child currently on the Special Educational Needs register? **YES/NO**

Previous School:

Name of the school your child previously attended:

Please tick the boxes to confirm that you have read and understood each section.

Loss or damage to student property

I understand that Ormiston Rivers Academy cannot accept liability for the loss or damage to student's property which is brought on to the Academy premises. It carries no insurance for liability of either student or staff personal possessions.

Parents are advised not to allow students to bring valuables to the Academy.

Ormiston Rivers Academy policies

I and my son/daughter have read, understood and agree to the Ormiston Rivers Academy policies available to read on the Ormiston Rivers Academy Website. This includes the Attendance, Behaviour, Personal Electronic Devices, Photography & Video, and SEND policies.

If you feel unable to agree to this please contact the School Admissions Officer via reception on 01621 782377.

Parental Consent

I agree that, if selected, my son/daughters' work may be published on the Academy website, used in video/display/promotional material and made available to the media, and that photographs may be included in this process.

Directions IAG Ltd Agreement (YSSA)

Ormiston Rivers Academy may, on occasions, share students' basic personal details with the Careers Guidance Advisor from Directions IAG Ltd. Do you give your consent to this?

YES/NO

I confirm that the information given in this form is accurate and accept the conditions as set out above. I will endeavour to inform the Academy of any changes to these details at the earliest opportunity.

Signature of Parent/Carer: _____

Print name: _____ Date: _____ 2024

General Data Protection Regulations (GDPR)

Ormiston Rivers Academy deals with personal data under the General Data Protection Regulation Some of this may be sensitive such as health, religion and ethnic origin.

We may share some of these with other agencies such as the Department for Education, Ofsted, the Department of Health, Directions IAG Ltd, etc., as defined in our Data Protection and Freedom of Information Policy. When involving any third party we shall take all reasonable steps to ensure that they keep your personal data secure and treat it confidentially. We will also ensure that data is made anonymous wherever possible.

If you are worried about giving us personal details or about us sharing them with others, please contact us and we will explain what you can do.

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/privacynotice.