

## SIMS PUPIL DATA COLLECTION SHEET

(PLEASE WRITE OR TYPE IN CAPITAL LETTERS)

Date of Entry:								louse if known):					
Previous Sch	ool:												
Surname:							F	orename:					
Middle names:		I							Date of Birth:				
Chosen name	e:												
Address:									Postcode:				
Home Telephone Number:							Student's Mobile Number:						
Parents' Mol	oile	Mother:			Fathe	er:			Other:				
Numbers:													
Parents' Ema	_	Mot											
		Fath											
						-		oys' Grammar				d	
•		trusi	t, Pare	ents' As	sociatio	n and TOC	S) to the	e above email a	iddres	ss(es).	//N		
Student's Em	iail:												
Parents'/Carers' Names and Initials: (e.g. Mr A and Dr B Smith)													
N.B. If not				o child	le g Gr	andnarent	t Διιnt	h) Person(s)	or lo	cal autl	nority financ	ially re	snonsible for
parents,	-	lationship to child (e.g. Grandparent, Aunt, er Parent etc.)					i, Marie,	b) Person(s) or local authority financially responsible for the child.					sponsible for
please		the office.											
advise:													
Parents'/Carers' Occupations:			Mother's Occupation:					Father's Occupation:					
			Location:					Loca	ocation:				
		Contact Telephone No:							Contact Telephone No:				
If either parent is a member of HM Forces, please specify:													
Would your	ch/dai	ıght	or ho	tha fire	t in you	r family to	o go to u	niversity? (Y/N	1)				
If parents are								inversity: (1710	•,				
legal custody			•	rea, p	icase st		us						
				OTH pa	arents, i	please cor	nplete t	ne following se	ction	:			
Mother:				•				ather:					
Surname:						9	Surname:						
Initials:							1	nitials:					
Address:								ddress:					
Postcode:								ostcode:					
Telephone:							1	elephone:					

Please provide details of person(s) to be contacted when parents are not available:										
<b>Emergency Contact</b>	<u>1:</u>			Emergency Contact 2:						
Name:				Name:						
Relationship:				Relationship:						
Telephone:				Telephone:						
Doctor's Name and				relephone.						
Surgery Address:				Telephone:						
information so that	they und	erstand	the nature of the pu	al Authorities and the pil population for who condition relating to the	m they are	responsib		lect		
Mobility (moving ar				Hearing						
Hand movements (t	touching o	r holdin	g)	Vision						
Personal care (going	g to the toi	let, dre	ssing)	Behaviour (e.g. very active, short attention span)						
Eating and drinking	without he	elp		Fits or seizures						
Incontinence				Autism or Asperger Syndrome						
Taking medication				Life limiting condition or requires palliative care						
Communication				Depressed, anxious or has an eating disorder						
Learning (numbers,				Other						
•	•			where possible, copies Assessments, Hearing S		•	_	rs)		
			•	bility, medical condition		•		-,		
personal issues:			· ·	•		•	·			
			(MA)							
Is your son/daught	er a young	carer?	(Y/N)		1					
Ethnic Group:				Home Language:						
Religion:				First Language:						
Likely Lunch Arrang	gements: (	Please \	only one box)	School Meal	Packed L	Packed Lunch Home				
Is your son/daught	er entitled	to Free	Schools Meals, or ha	as he/she been in the l	ast six vear	rs? (Y/N)		1		
•				lease tick only one box	•					
			lic Bus Service	Car		Train				
Taxi Bicy			rcle	Walk						
If you have moved into Devon during			the last two years, p	lease complete details	below:					
(a) Date of arrival:			(b) Previous Address	:						
Names and Tutor Groups of any brothers/sisters already in the school:										

CONSENTS: (indicate with: Y/N)									
Are you willing for your son/daughter to participate									
Do you consent to the use of photographs/video for	otage of your son/daughto	er for publicity							
purposes on the school website or in newsletters?									
If yes, do you consent to your son/daughter's name	e and age being included a	long with the							
material published?									
Do you consent to your son/daughter using the biometric finger registration system?									
Has your son/daughter been immunised		<b>Date of Immunisatio</b>	n:						
against Tetanus?									
Do you consent to the school administering paracetamol as appropriate? Please note, parents									
will be contacted before any medication is given.									
I/we have read the General Data Protection Regula	tions information and aut	horise sharing of							
information with Careers South West.GD									
CONSENT FOR OFF-SITE ACTIVITIES:									
Details from above will be used for off-site school tr	ip(s) in which your son/dau	ighter is involved. This	s will provide staff with						
essential medical and heath and safety information	about your son/daughter.								
Please note the following important information be	efore agreeing.								
The trips and activities covered by this consent inclu	de:								
<ul> <li>all visits (including residential trips) which ta</li> </ul>	ke place during the holiday	s or a weekend;							
<ul> <li>adventure activities at any time;</li> </ul>									
<ul> <li>off-site sporting fixtures outside the school</li> </ul>	day.								
You will receive a specific letter regarding every trip	which your son/daughter h	nas the opportunity to	participate. This will						
give precise details about the trip's nature and purp	ose. At that time, you shou	uld provide any updat	ed medical						
details/information (if applicable). You can, if you wi	ish, tell the school that you	do not want your chi	ld to take part in any						
particular school trip or activity.									
Written parental consent will not be requested from	you for the majority of off	f-site activities offered	d by the school – for						
example, year-group visits to local amenities – as su									
during the normal school day.	·		, ,						
Do you consent for your son/daughter to take part in school trips and other activities that take									
place off school premises?									
Do you consent to your child being given first aid o	r urgent medical treatmen	t, including							
anaesthetics, during any school trip or activity?									
Please note any special details about your child's h	•		· · · · · · · · · · · · · · · · · · ·						
from taking part in off-site activities, e.g. dietary re	quirements, any allergies,	any medication need	ded and the dosage,						
travel sickness, diabetes, asthma or epilepsy.									
Please note any additional health and safety relate	d comments regarding you	ır son/daughter's par	rticipation in off-site						
activities in the forthcoming academic year.									
Has your child had any recent illness which may be relevant to his/her participation in off-site activities in the									
forthcoming year?									
Is your son/daughter able to swim 50 metres?									
Is your son/daughter generally water confident?									
GIFT AID DECLARATION: I want to Gift Aid any donations I make in the future to Torquay Boys'									
Grammar School. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital									
Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my									
responsibility to pay any difference.									
Signature of both Parents/Carers:									
Father:	Mother:								
Date:	Date:								
Data Protection The information collected on this form will be processed	ed and will be stored electronically be	by the School in compliance v	with the General Data Protection						

Regulation. The information collected on this form will be processed and will be stored electronically by the School in compliance with the General Data Protection Regulation. The data may be shared with an agent of the School, but only for administrative or other service provision purposes, and with Government Departments where there is a legal requirement to do so. If you would like further information about Data Protection, please contact the School Data Protection Officer. By signing or submitting this form, you acknowledge that you have read, understood and agreed to this data processing. Detailed information is available in the Privacy Notices at www.tbgs.co.uk.