

## **ADMISSION DETAILS**

# Section 1: Student Details

To be completed by a <b>PARENT/GUARDIAN</b> of pupil joining the school.
Please Use <b>BLOCK CAPITALS</b>

Name of Child:	Legal Forename:
	Legal Middle name:
	Legal Surname:

Gender:	. Date of Birth:	
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Please tell us your | Child's country of birth if NOT England:

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Date of Entry to UK:

••••••	•••••	 •••••

# **Ethnic Background**

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by parent or the pupil:

White	Asian or Asian British
British	Indian
Irish	Pakistani
Traveller of Irish Heritage	Bangladeshi
Gypsy/Roma	Any other Asian background
Any other white background	<u> </u>
	Chinese
Mixed	<u> </u>
White and Black Caribbean	Any other ethnic background
White and Black African	<u> </u>
White and Asian	This information was
Any other mixed background	This information was provided by:
Black or Black British	Parent
Caribbean	Pupil
African	
Any other black background	
I do not wish an ethnic background category to be recorded	



**National Identity:** Please indicate which nationality your child **FEELS** they are:

British	Welsh	Scottish	
English	Irish	Other	

If Other please tell us your child's Nationality:

.....

Home Religion: (If Catholic please send a copy of your child's baptism certificate with this form)

Catholic	Jewish	
Christian	Muslim	
Hindu	Sikh	
(Other) Please state:		

Student Email address:

Student Telephone Number: .....

Student Address Line 1: .....

Student Address Line 2: .....

Post Code: .....

Previous School: .....

Brother or Sister at Cardinal Newman: .....

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# Section 2: Parents/Guardians

If there is a problem in school e.g. your child is ill, **Parent/Guardian 1** will be contacted first. If unavailable Parent/Guardian 2 will be contacted.

Parent /Guardian 1	Parent /Guardian 2
Relationship to child/legal status	Relationship to child/legal status
Mr / Mrs / Ms / Miss / Mx *delete	Mr / Mrs / Ms / Miss / Mx *delete
Forename:	Forename:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Telephone No.	Telephone No.
Home:	Home:
Work:	Work:
Mobile: 0 7	Mobile: 0 7

Parental Responsibility? Yes / No

Parental Responsibility? Yes / No

Where there is a non resident parent - please indicate if they have parental responsibility Yes / No

#### Parent/Guardian 1 Email address:

Parent/Guardian 2 Email address:



Private fostering is when a child under the age of 16 (or under 18 if disabled) is cared for by someone who is not their parent or close relative. This is a private arrangement made between a parent and a carer expected to last 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

## Please indicate if this is a Private Fostering arrangement Yes / No

### Other Emergency Contact (MUST have a telephone)

If Parents/Guardians are not available, the school should contact:-

Full Name:	
Telephone No	
Relationship to child:	

**Home Language** – Many families are multilingual. Please indicate MAIN language spoken at home:

English	Polish	Urdu	
Hindi	Punjabi		

Other language (please specify)

**Meal arrangements** - If your child is eligible for a free school meal, please make sure you have contacted the Education Department at the Council House and arrange this well before the start of term (Tel. 02476 831511)

Free School Meal	Paid School Meal		Packed Lunch	
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How will your child travel to school?

Public Bus	Route No	Car	Cycle	
School Bus	Route No	Car Share	Walk	



# Section 3: Medical Information

Yes No
If yes, give brief details :
My child needs to retain control of his/her medication:
Yes No
The type of pain/flu relief medication your child may be given if necessary:
Any recent illness, accident or injury suffered by my child which staff should be aware of:
My child suffers from the following allergies:
My child has the following lifelong condition or disability:
Approximate date of last anti-tetanus injection:
My child suffers from travel sickness:
Yes No
NHS Medical Card Number:
Family doctor: Telephone:
Address:
I agree to my son/daughter receiving medication as I have instructed in this form and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Yes		No	
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# PARENT CONSENT FORM FOR REGULAR OUT OF SCHOOL ACTIVITIES

# Cardinal Newman Catholic School

Young person's name: ..... Tutor Group: .....

I hereby agree to my child participating in standard activities off the school site, but within the Midland region. These activities will be, for example, sporting fixtures and joint educational activities with other schools. Also included are day visits to Art Centres, Museums, Theatres, Universities, Historic Houses and end of year trips to places such as Drayton manor and Alton Towers. Some trips and visits are part of the requirements for examinations.

I understand that:

- Such activities will normally take place within the school day, but are likely to extend beyond this and adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.
- My specific permission will be sought for any out-of-school activities beyond those outlined above and outside of the Midland region, which could involve commitment to extend journeys or expense or adventure activities.
- All reasonable care will be taken of my child in respect of the activity/visit.
- My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school discipline procedures during the visit/activity.
- I must inform the school of any medical condition or physical disabilities now and as and when they arise (see over).
- All young people are covered by the Coventry City Council's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Council or one of their employees. These arrangements do not provide personal accident cover.
- I consent to any emergency medical treatment necessary during the course of the event.
- I understand that I can withdraw my consent at any time by writing to the Education Visits Coordinator at the school.

Full name of Parent/Carer: ..... Signature of Parent/Carer: ..... Date: .....

Please return this completed form to Student Reception.

Failure to do so will mean that your child will not be able to take part in out of school activities while a student at the school.



# Section 4: Privacy Notice Parent and Pupil

### Who are we?

Cardinal Newman Catholic School is the 'data controller'. This means we are responsible for how your personal information is processed and for what purposes.

Cardinal Newman Catholic School is registered as the Data Controller with the Information Commissioner's Office (ICO); Registration Number: Z7434269

You can contact the school as the Data Controller in writing at:

School Data Protection Officer, Cardinal Newman Catholic School, Sandpits Lane, Coventry,

CV6 2FR or email us at: dpo@hcmac.co.uk

#### What is a Privacy Notice?

A Privacy Notice sets out to individuals how we use any personal information that we hold about them. We are required to publish this information by data protection legislation. This Privacy Notice explains how we process (collect, store, use and share) personal information about our pupils and parents.

#### What is Personal Information?

Personal information relates to a living individual who can be identified from that information. Identification can be by the information alone or in conjunction with any other information in the data controller's possession or likely to come into such possession.

'Special category' personal information relates to personal information revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.

## What personal information do we process about pupils and parents?

The pupil and parent information that we collect, hold and share includes:

Personal information including a pupil's name, date of birth, unique pupil number and home address Characteristics such as ethnicity, language, nationality, country of birth and free school meal eligibility Attendance information such as sessions attended, number of absences and absence reasons.

Educational information including records of work, assessment results, relevant medical information, details of pupils' special educational needs, exclusions/behavioural information, post-16 learning information. Contact information for parents, carers and other relatives, including telephone numbers, home addresses and e-mail addresses. Information about a child's home life, where required as part of necessary safeguarding and welfare processes.



### Why do we use personal information?

We use pupil data:

- to support pupil learning
- to monitor and report on pupil progress
- to provide appropriate pastoral care
- to assess the quality of our services
- to comply with the law regarding data sharing
- to safeguard pupils

## **Collecting pupil information**

Whilst the majority of pupil information you provide to us is mandatory, some of it is provided to us on a voluntary basis. In order to comply with the General Data Protection Regulation, we will inform you whether you are required to provide certain pupil information to us or if you have a choice in this.

### What are the legal reasons for us to process your personal information?

We are required to process personal information in accordance with data protection legislation and only do so when the law allows us to.

More information can be found on our website: www.cncs.school/DataProtection



# Section 5: Data Protection Consent form

During the course of the school year, we may sometimes wish to take photographs or video recordings of children within school or on school trips, either for our own records, for use as part of our learning curriculum or for inclusion in our promotional material such as the school prospectus and our website.

The school may also invite an external photographer to the school each year to take official school photographs and may invite the media in to take photographs of pupils engaged in school activities or events for publication.

To comply with the General Data Protection Regulation, we need to ask your consent before the school record any images of your child. In view of this, please read the statements below, complete the slip and return this form to school.

This table sets out the various reasons for taking, and making use of, images of your child and we should be grateful if you would indicate whether or not you give consent for use in these circumstances. By indicating 'YES', you are confirming that you consent to your child's personal data being shared for those purposes and/or with the named third parties):

i)	Official school photographs, held by the school for identification purposes with names attached - including the administration around collecting these photos	Statutory
1.	Photographs/Videos use on internal school displays	YES /NO
3.	Photographs/Videos for use on the school's website include The Holy Cross MAC	YES /NO
4.	Photographs/Videos for use on the school's Social Media Platforms include The Holy Cross MAC	YES /NO
5.	Attaching your child's name to images accessible externally to the school (for example social media, other websites or print media)	YES /NO
5b.	Sharing of images of your child taken for internal purposes with external media organisations, such as our design companies or inviting such media organisations to take photographs of pupils (including your child) engaged in school activities or events for publication	YES /NO



#### Right to withdraw consent

Please note, you have the right to withdraw or change your consent at any time by giving the school written notice and completing a new consent form. You can notify us of your consent withdrawal in writing by contacting <u>dpo@hcmac.co.uk</u>

### Age of Data Protection Consent

Due to the UK age of consent for data protection being 13 and over. If your child is 12 or under please complete the form as the parent. If your child is 14 or above they will need to give consent.

Student Name		Date
Parent Name (12 years old or	below)	Signature
Student Name (14 years old ar	nd over)	Signature



# Section 6: Biometric Response Form

We currently use a cashless catering system to allow students to purchase goods from our canteens without the need to carry cash. To do this Student have a virtual account with the school which can be topped up via the schools app or on our website. The canteen system uses biometric data from a finger scan which is stored as a mathematical algorithm. This isn't stored as a finger print.

Student's Name (Capitals please)	Tutor Group	
(Capitals please)	Tutor Group	

#### Privacy Statement

We actively follow the guidance from the Department of Education in regards to protecting biometric Information of Children in Schools. Biometric scans are kept onsite and are solely used for our cashless catering system and or other system that use the finger scan. Third parties do not process biometric data but backup copies for disaster recovery are kept offsite at a secure datacentre in accordance with ISO27001.

 I give consent for Cardinal Newman School to collect a biometric finger scan and store as a numeric value of my son(s)/daughter(s) for use in identifying them for	
catering and other IT systems.	YES /NO

Third line support agencies may come into contact with biometric data but only in agreement with our Data Protection Policy and with technical staff present. Any questions or concerns please contact our Data Protection Officer: <u>dpo@hcmac.co.uk</u>

#### Age of Data Protection Consent

Due to the UK age of consent for data protection being 13 and over. If your child is 12 or under please complete the form as the parent. If your child is 14 or above they will need to give consent.

Student Name		Date
Parent Name (12 years old or b	elow)	Signature
Student Name (14 years old and	over)	Signature