

# S11/1 Data Collection on Admission to School: Pupil Information

This form is for completion by the Parent/Guardian of every child **once** they have been given a place at the school.

Parents/Guardians must also complete S11/2 giving **your** contact details as well as information on people to be contact in the event of an emergency.

Please provide as much of the following information as you can. If you need help in completing the form, please ask the School Administrator/Secretary/Bursar. The grey shaded areas are for the school's use. Please return your completed form to the school.

School

## 1 Pupil's Basic Details

Legal Surname\*  Legal Forename   
Gender  Male  Female Date of Birth:  Middle Name(s)   
Preferred Surname\*  Preferred Forename   
(if different) (if different)

\* please see note under 'General Principles for Schools' on the S11/2 Contacts Information Form

### For Schools Use Only

Birth Certificate Seen?  Please tick if you have seen the child's Birth Certificate or any other legal document, e.g. Deed Poll, specifying the **Legal** surname of the child.

Admission Date  Admission No.  UPN

## 2 Pupil's Address

Address   
 Postcode

## 3 Pupil's Medical Details

**Emergency Consent?** e.g. the school has permission to give/arrange emergency treatment  Yes  No

**Dietary Needs** Please tick any that apply

Artificial colouring allergy  Kosher Foods only  No pork  Other (please specify below)  
 Gluten Free  No dairy produce  Seafood Allergy   
 Halal  No nuts of any type or quantity  Vegetarian

### Medical Practice

Doctor's Name  Surgery Name

Surgery Address  Tel No

Other Medical Information  
e.g. asthma, diabetes

**Ethnicity****Ethnic information was provided by:** Parent Pupil

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner recommends that young people aged 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.

Please tick one box only

**White**

- British  
 Irish  
 Traveller of Irish Heritage  
 Gypsy/Roma  
 Greek/Greek Cypriot  
 Turkish/Turkish Cypriot  
 Western European <sup>1</sup>  
 Eastern European <sup>2</sup>  
 Other <sup>3</sup>

**Chinese**

- Hong Kong Chinese  
 Other Chinese <sup>4</sup>

**Black or Black British**

- Caribbean  
 African  
 Any other Black background

**Any Other Ethnic Background**

- Afghan  
 Arab <sup>5</sup>  
 Filipino  
 Iranian  
 Japanese  
 Malay <sup>6</sup>  
 Thai  
 Any other Ethnic group <sup>7</sup>

**Mixed**

- White & Black Caribbean  
 White & Black African  
 White & Asian  
 Any other mixed background

**Asian or Asian British**

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background

I do not wish an ethnic background group to be recorded

**Notes:**

**1 Western European** includes: Italian, French, German, Spanish, Portuguese and Scandinavian.

**2 Eastern European** inc: Russian, Latvian, Ukrainian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Montenegrin and Romanian.

**3 Other White Background** includes: any white category not previously mentioned e.g. Albanian, Australian, Bosnian-Herzegovinian, Canadian, Croatian, Kosovan, New Zealander, North American, Serbian/Yugoslavian.

**4 Other Chinese** includes: Mainland Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, any other non-Hong Kong Chinese.

**5 Arab** includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian.

**6 Malay** includes Malaysian other than Malaysian Chinese (see Note 4).

**7 Any other ethnic group** includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (inc. Kurdish pupils from Iraq, Iran and Turkey), Latin/South/ Central American (inc. Cuban and Belizean), Lebanese, Libyan, Moroccan, Polynesian (inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni.

**Religious Affiliation** please tick one box only

- Baha'i       Christian       Jewish       Sikh       No Religion  
 Buddhist       Hindu       Muslim       Other \*       Decline to answer

\* please specify

**Pupil's First Language** What was the first language your child understood/spoke?

- English       Other please specify:

**Pupil's Country of Birth:**

**Pupil's Nationality:**


Note: if you do not wish to provide the above information please state 'refuse to provide' in the relevant boxes.

**Asylum Status** (please tick if either of the following apply)  this pupil is seeking asylum     this pupil is a refugee

**Meals**

please tick to indicate which of the following your child is most likely to have:

- Free School Meal       Home       Sandwiches       School Meal

**Note:** it is important that parents of Foundation / Key Stage 1 pupils complete the **Free School Meals Form BR35(1)** in order that schools can receive Pupil Premium.

**Mode of Travel**

please tick to indicate which of the following your child is most likely to use to get to school:

- Bicycle       Car Share <sup>1</sup>       Dedicated School Bus <sup>2</sup>       Taxi       Walk  
 Car/Van       Public Service Bus <sup>2</sup>       Bus (type not known) <sup>2</sup>       Train       Other

<sup>1</sup> with child/children from a different household

<sup>2</sup> Route (if known)

**Service Child**

Does this child have a parent(s) in regular HM Forces military units?  
 (applies to children whose parents are Pstat Cat1 or Pstat Cat2)

- yes       no

For further information please see 'MOD Personnel Categories definition' in the Additional Guidance section of our website at <https://new.devon.gov.uk/supportforschools/administration/school-census>

**Recoupment**

The following information is required so that the Local Authority can recover the cost of educating children who are not its responsibility, mainly because the child's normal place of residence falls within a different Local Authority.

Please tick the appropriate box if you pay Council tax to one of the following Councils:

- Cornwall       Plymouth       Torbay  
 Dorset       Somerset       Other (i.e. not Devon or one of the others listed)

**Linked Agencies**

It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child for example Social Care (i.e. Social Services)\*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below:

\* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child, e.g. Devon, Torbay etc below.

Child In Care  Local Authority responsible for child:

**Special Educational Needs**

Please tick if this child has Special Educational Needs (i.e. has a Statement for Special Education Needs or an Education and Health Care Plan (EHCP) or is currently being Assessed)

## Previous School

Please provide details of the last school attended (includes Nursery Schools/Units or Pre-Schools/Playgroups)

School Name

School Address  
(if known)

School Tel No. (if known)

Date of arrival at previous school \*

Date of leaving previous school \*

\*An approximate date would be helpful if the exact date is not known e.g September 2013

Reason for leaving, e.g. moved house, normal school transfer age

## Siblings

Please give details of any other children in your family with their dates of birth.

Forename(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Parent Signature

Your signature

Date

Please complete form S11/2 Data Collection on Admission to School - Contacts

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## What we do with the information you have provided on the S11 form (Data Protection)

Schools hold information on pupils and parents in order to run the education system, (ie to support the pupil's teaching and learning, to monitor and report on their progress, to provide appropriate pastoral care, and to assess how well the school as a whole is doing \*) and in doing so have to follow the Data Protection Act 1998. This means, among other things that the data held must only be used for specific purposes allowed by law.

From time to time the school is required to pass on some of this data to the Local Authority (LA), to another school to which the pupil is transferring, to the Department for Education (DfE), Careers South West, Department of Health (DH), Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs), the Office for Standards in Education (Ofsted), Education Funding Agency (EFA), Skills Funding Agency (SFA), Youth Offending Teams and other partnership organisations working with Schools to provide a service to pupils such as Virgin Care, and to Ofqual who regulates qualifications and assessments and the Standards and Testing Agency who develop national curriculum tests.

Pupils have certain rights under the Data Protection Act, including a general right of access to personal data held on them, with parents exercising this right on their behalf if they are too young to do so themselves. If you wish to access the personal data held about your child, then please contact the relevant organisation in writing:

The School

The LA at Devon County Council, Information Governance, Room 120, County Hall, Topsham Road, Exeter, Devon EX2 4QD

The DfE at Ministerial & Public Communications Unit, Department for Education, Piccadilly Gate, Store Street, Manchester M1 2WD

The DH's Data Protection Manager at Department for Health, Room 7N, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Devon CCG via Information Governance Manager at NHS NEW Devon CCG, Newcourt House, Old Rydon Lane, Exeter EX2 7JQ

The EFA at Education Funding Agency, Sanctuary Buildings, 20 Great Smith Street, Westminster, London SW1P 3BT

Ofsted's Information Management Team at Ofsted, Freshford House, Recliff Way, Bristol BS1 6NL

Ofqual's Data Protection Officer at Ofqual, Spring Place, Herald Avenue, Coventry CV5 6UB

The SFA's Information Rights Manager at Cheylesmore House, Quinton Road, Coventry, Warwickshire CV1 2WT

The Standards and Testing Agency at 53-55 Butts Road, Earlsdon Park, Coventry CV1 3BH

\*This information also includes National Curriculum assessment results, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

Information on how the Local Authority uses your data is available in "What the LA does with your data" Guide from

<https://new.devon.gov.uk/supportforschools/administration/data-protection/privacy-notices>

## 1 Pupil's Basic Details

Name of Child contact details are for:

UPN (for school's use only)

Please give details of everyone who has parental responsibility (see Note on page 6) and anyone else to be contacted in an emergency. Please give details of parents/guardians first, but give a low number in the Contact priority box for any other people who should be contacted in an emergency. (Contact priority 1 i.e. the first person to contact in an emergency, Contact priority 2 i.e. the second person to contact in an emergency, etc).

## 2 Your Details

Surname

Forename (s)

Gender

 Male

Female

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** please tick to indicate which of the following applies;

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mother  | <input type="checkbox"/> Social Worker               | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Teacher       |
| <input type="checkbox"/> Father  | <input type="checkbox"/> Religious/Spiritual Contact | <input type="checkbox"/> Headteacher   | <input type="checkbox"/> Doctor        |
| <input type="checkbox"/> Other Family Member   | <input type="checkbox"/> Childminder                 | <input type="checkbox"/> Step Father   | <input type="checkbox"/> Carer         |
| <input type="checkbox"/> Other Relative  | <input type="checkbox"/> Foster Father               | <input type="checkbox"/> Step Mother   | <input type="checkbox"/> Other Contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) |  |  |  |

Does this person have 'Parental Responsibility'? (see end of document for guidance)  yes  no

Is there a Court Order relating to this child?  yes  no

**Contact Priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

### Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is  
a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>
Work	<input type="text"/>	<input type="checkbox"/>
Mobile	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

### E-mail

Home	<input type="text"/>
Work	<input type="text"/>

**Address** (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes  no

Place of Work

### 3.1 Parent / Contact

Surname

Forename (s)

Gender

Male

Female

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** please tick to indicate which of the following applies;

Mother

Social Worker

Foster Mother

Teacher

Father

Religious/Spiritual Contact

Headteacher

Doctor

Other Family Member

Childminder

Step Father

Carer

Other Relative

Foster Father

Step Mother

Other Contact

Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'Parental Responsibility'? (see end of document for guidance)

yes

no

Is there a Court Order relating to this child?

yes

no

**Contact Priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

#### Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home

Work

Mobile

Other

#### E-mail

Home

Work

**Address** (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes

no

Place of Work

### 3.2 Parent / Contact

Surname  Forename (s)   
Gender  Male  Female Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** please tick to indicate which of the following applies;

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mother  | <input type="checkbox"/> Social Worker               | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Teacher       |
| <input type="checkbox"/> Father  | <input type="checkbox"/> Religious/Spiritual Contact | <input type="checkbox"/> Headteacher   | <input type="checkbox"/> Doctor        |
| <input type="checkbox"/> Other Family Member   | <input type="checkbox"/> Childminder                 | <input type="checkbox"/> Step Father   | <input type="checkbox"/> Carer         |
| <input type="checkbox"/> Other Relative  | <input type="checkbox"/> Foster Father               | <input type="checkbox"/> Step Mother   | <input type="checkbox"/> Other Contact |
| <input type="checkbox"/> Self (if you are completing this form on your own behalf, being of legal age) |  |  |  |

Does this person have 'Parental Responsibility'? (see end of document for guidance)  yes  no

Is there a Court Order relating to this child?  yes  no

**Contact Priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

#### Telephone Number(s)

(with STD numbers where appropriate)

please tick if this is  
a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

#### E-mail

Home   
Work

**Address** (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes  no

Place of Work

**3.3** Parent / Contact

Surname  Forename (s)

Gender  Male  Female Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** please tick to indicate which of the following applies;

- Mother  Social Worker  Foster Mother  Teacher
- Father  Religious/Spiritual Contact  Headteacher  Doctor
- Other Family Member  Childminder  Step Father  Carer
- Other Relative  Foster Father  Step Mother  Other Contact
- Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'Parental Responsibility'? (see end of document for guidance)  yes  no

Is there a Court Order relating to this child?  yes  no

**Contact Priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

**Telephone Number(s)**

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**E-mail**

Home

Work

**Address** (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?  yes  no

Place of Work



**3.4** Parent / Contact

Surname  Forename (s)   
Gender  Male  Female Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** please tick to indicate which of the following applies;

- Mother  Social Worker  Foster Mother  Teacher
- Father  Religious/Spiritual Contact  Headteacher  Doctor
- Other Family Member  Childminder  Step Father  Carer
- Other Relative  Foster Father  Step Mother  Other Contact
- Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'Parental Responsibility'? (see end of document for guidance)  yes  no

Is there a Court Order relating to this child?  yes  no

**Contact Priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc.

**Telephone Number(s)**

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>
Work	<input type="text"/>	<input type="checkbox"/>
Mobile	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

**E-mail**

Home   
Work

**Address** (if different from the address given for the child)

If English is not your First Language, please state what is (this may include British Sign Language):

Do you need a translator / signer?

yes  no

Place of Work

**What is Parental Responsibility?**

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

- Decisions about where they live
- Whether the child should receive medical treatment
- What religion they should follow
- Which school they should attend

**Who has Parental Responsibility?**

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

- Registering the birth jointly with the mother
- Through a 'parental responsibility agreement' between him and the child's mother
- As the result of a court order

People other than a child's natural parents can acquire parental responsibility through;

- Being granted a residence order or a child arrangement order (from 2014)
- Being appointed a guardian
- Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
- Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child

Everyone who is a parent, whether they are a resident or non-resident parent, has the same right to participate in decisions about a child's education and receive information about the child.

School staff must treat all parents equally, unless there is a court order limiting an individual's exercise of parental responsibility. Individuals who have parental responsibility for, or care of, a child have the same rights as natural parents, for example:

To receive information e.g. pupil reports

To participate in activities e.g. vote in elections for parent governors

To be asked to give consent e.g. to the child taking part in school trips

To be informed about meetings involving the child, e.g. a governors' meeting on the child's exclusion

We have received the following advice from the County Solicitor's office concerning pupil surnames:

Where only one person holds parental responsibility for a child, he or she has the legal right to effect a change of the child's surname without any permission or consent.

Where more than one person has parental responsibility for a child, the surname of a child can only be changed with the consent or agreement of all those having parental responsibility for a child.

Where two or more people have parental responsibility for a child and there is in force either a residence or care order, then one of those people can only lawfully cause a change of the child's surname if all other people with parental responsibility consent in writing.

In any other situation it is necessary for the person seeking to change a child's surname to obtain an appropriate order from a court.