



## Student Data Short Form 2021 – 2022

The information you give us will be maintained on the Academy's database to which no unauthorised person has access. The database is subject to strict controls to ensure compliance with General Data Protection Regulation (GDPR). We will not give information about you to anyone outside the Academy without your consent unless the law and our rules allow us to. We are required by law to pass some information about you to the Department for Education (DfE) and, in turn, this will be available for the use of the Local Authority.

### STUDENT DETAILS

Student's Legal First Name (s)		Student's Legal Surname	
Full Name Student is to be known by (if different to above)		Date of Birth	
Current Address of Student		Male	Female
Postcode			

### FIRST PARENT/CARER CONTACT DETAILS

Title (Mr/Mrs/Ms/Dr)	First Name		Surname		
Relationship to Child?	Mother	Father	Step Parent	Legal Guardian	Other
Home Address			Place of work		
Postcode			Postcode		
Home Phone			Work Phone		
Mobile			<b>Tick if this person has legal parental responsibility*</b>		
Email Address					

### SECOND PARENT/CARER CONTACT DETAILS

Title (Mr/Mrs/Ms/Dr)	First Name		Surname		
Relationship to Child?	Mother	Father	Step Parent	Legal Guardian	Other
Home Address			Place of Work		
Postcode			Postcode		
Home Phone			Work Phone		
Mobile			<b>Tick if this person has legal parental responsibility*</b>		
Email Address					

**OTHER CONTACT DETAILS (for use in emergencies)**

First Name	Surname	Relationship	Phone Number

**MEDICAL INFORMATION**

Does your child have any health or disability issues that we should be aware of, eg, asthma, diabetes, epilepsy, allergies, hearing difficulties, etc? Please give details below.

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**DOCTOR'S DETAILS**

Name of Doctor	Health Centre / Surgery	Phone Number

**ETHNICITY (please tick)**

<input type="checkbox"/> White British	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian
<input type="checkbox"/> White English	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White European	<input type="checkbox"/> Black European	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White Western European	<input type="checkbox"/> Any Other Black Background	<input type="checkbox"/> White and Any Other Ethnic Group
<input type="checkbox"/> White Eastern European	<input type="checkbox"/> Any Other Mixed Background	<input type="checkbox"/> Latin / South / Central American
<input type="checkbox"/> Any Other White Background	<input type="checkbox"/> Any Other Asian Background	<input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Refused

Home Language (language spoken at home)	
First Language (preferred language)	
Country of Origin	
Religion	

**COMMUNICATIONS**

All communications will be sent to you via email, where appropriate. If you would prefer to be contacted by letter please tick.

Signed: ..... (Parent/Carer) Date: .....

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