



## Sackville School – Admission Data Form

Surname \_\_\_\_\_ Legal surname \_\_\_\_\_

Forename \_\_\_\_\_ Middle name \_\_\_\_\_

Chosen name \_\_\_\_\_ Gender M/F/Other

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home phone \_\_\_\_\_

Student mobile phone \_\_\_\_\_

### Emergency contact details

Priority  Relationship \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

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Priority  Relationship \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

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Priority  Relationship \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

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School documentation will automatically be sent to any email addresses given above.  
Emergency texts will also be sent to the mobile number of the primary contact.

**Please see reverse**

**Previous school details**

Most recent \_\_\_\_\_ From (date) \_\_\_\_\_  
To (date) \_\_\_\_\_  
Other \_\_\_\_\_ From (date) \_\_\_\_\_  
To (date) \_\_\_\_\_

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**Ethnicity**

Ethnicity \_\_\_\_\_ Home language \_\_\_\_\_  
Nationality \_\_\_\_\_ Country of birth \_\_\_\_\_  
Religion \_\_\_\_\_ Date of arrival in UK (if applicable) \_\_\_\_\_

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**In order for a student to be eligible for funding the student must have the legal right to be resident in the United Kingdom at the start of their study programme.**

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**Medical details**

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
Surgery \_\_\_\_\_  
Address \_\_\_\_\_

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**Travel arrangements**

Bicycle  Train  Walk  Car  School bus  Public bus  Bus number

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**GDPR consent:** I consent to the data on this form being processed by Sackville School in accordance with the school's privacy notice (<https://sackville.w-sussex.sch.uk/gdpr>).

I understand I may withdraw my consent at any time by communication with the school Data Protection Officer

Parent/Carer (please sign) \_\_\_\_\_

Parent/Carer (please print) \_\_\_\_\_

Date \_\_\_\_\_



# Sackville School Health Information Form

Student name		
Gender M/F/Other	Date of Birth	Tutor Group (to be filled in by school)

Has your child been diagnosed with any of the following conditions?

Condition	Yes	No	Current medication
ADD/ADHD*			
Asthma			
Allergies/anaphylaxis*			

\* please delete as applicable

Is your child currently taking regular medication for any condition other than those listed above?

Condition	Medication or emergency requirements

Please use the space below to tell us about any other concerns you have regarding your child's health, eg SEN, emotional wellbeing:

Has your child been entitled to any **exam concession arrangements**, eg extra time/use of laptop/have a reader or scribe? **Yes/No** (please circle). If Yes, please give details below. Details may be referred to our SENCo for review:

Would you like Mrs Barden, Key Stage 5 Intervention Leader, to contact you in September?  
**Yes/No** (please circle)

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately, in writing, if there is any change.

Parent/Carer (please sign) \_\_\_\_\_

Parent/Carer (please print) \_\_\_\_\_

Date \_\_\_\_\_

## **Widening Participation**

**Please can you confirm whether you meet any of the criteria below:**

- Are you a First Generation Scholar - ie the first person in your immediate family to consider going to University? **Yes/No** (please circle)
- Would you like to receive information about the 16 to 19 Bursary Fund which provides financial support to help students overcome the specific financial barriers to education. **Yes/No** (please circle)
- Have you received free school meals at your previous school? **Yes/No** (please circle)
- Do you have any medical requirements or disabilities? **Yes/No** (please circle)
- Are you caring for a member of your family, ie do you qualify as a Young Carer? **Yes/No** (please circle)
- Have you at any point been a 'Looked After Child'? **Yes/No** (please circle)



## Parental Consent Form

Student name \_\_\_\_\_

Parent/Carer (please sign) \_\_\_\_\_

Parent/Carer (please print) \_\_\_\_\_

**Whilst your child is a student at Sackville they may be asked to take part in activities organised by the school. Staff in charge of the activities will take all reasonable care of the students, and in the absence of negligence cannot be held responsible for any loss, damage or injury suffered by your child arising out of the activity whilst on or off the premises.**

- I consent to my child taking part in any off-site PE activities and fixtures, using minibus
- I consent to my child taking part in off-site visits to local colleges and schools
- I consent to my child taking part in off-site trips in the East Grinstead locality


**If a child is involved in an accident whilst at school, it may be necessary for the school to administer emergency medical treatment.**

- I consent to my child being given emergency medical treatment whilst at school

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**Students at Sackville are routinely given filtered access to the internet. As a school user of the internet, students must agree to follow the school rules and acceptable use policy. Failure to do so may result in a loss of access to these resources.**

- I consent to my child being given filtered access to the internet

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**Photographs and videos of students and examples of students' work may occasionally be used for educational, press and publicity purposes. This may include the school, WSCC and other linked websites, internal displays and press materials.**

- I consent to unnamed images of my child being used on promotional publication
- I consent to unnamed images of my child being used on promotional video
- I consent to unnamed images of my child being used on the school website




## **NOTIFICATION OF INTENTION TO PROCESS PUPILS' BIOMETRIC INFORMATION**

The school wishes to use information about your child as part of an automated (ie electronically-operated) recognition system in the school canteen and the Learning Resources Centre. The information from your child that we wish to use is referred to as 'biometric information' (see next paragraph). Under the Protection of Freedoms Act 2012, and the new General Data Protection Regulation (GDPR) we are required to notify each parent of a child and obtain the written consent of at least one parent before being able to obtain and use a child's biometric information for an automated system.

### **Biometric information and how it will be used**

Biometric information is information about a person's physical or behavioural characteristics that can be used to identify them, for example information from their fingerprint. The information will be used as part of an automated biometric recognition system. This system will take measurements of your child's fingerprint and convert these measurements into a 'template' to be stored on the system. To emphasise, an image of your child's fingerprint is not stored. The template (ie measurements taken from your child's fingerprint) is what will be used to permit your child to access services.

If you give consent to the processing of your child's biometric information, please either sign, date and return the enclosed consent form to the school.

**Having read guidance provided to me by Sackville School I give consent to information from the fingerprint of my child being taken and used by Sackville School for use as part of an automated biometric recognition system for purchasing food from the canteen and borrowing resources from the Learning Resources Centre.**

**I understand that I can withdraw this consent at any time in writing.**

Parent/Carer (please sign) \_\_\_\_\_

Parent/Carer (please print) \_\_\_\_\_

Date \_\_\_\_\_