



**St Hugh of Lincoln RC Primary School**

Glastonbury Road | Stretford | Manchester | M32 9PD  
t. 0161 912 2906 | f. 0161 749 7461 | text. 07860 005 074  
e. sthughoflincoln.admin@trafford.gov.uk  
w. www.st-hughlincoln.trafford.sch.uk

Head Teacher: Mr M. Mountcastle

September 2015

Dear Parents / carers,

You will find attached the following important documentation relating to your child:

1. Data Collection Sheet
2. Consent form complete with medical questionnaire

Please check all details are correct and amend where necessary. It is very important that all the information we have for your child is up to date.

Could you please return to the school office as soon as possible so that all necessary changes can be made.

Thank you for your continued support.

Yours sincerely

G. Chappell & H. Lanford  
School Office.



## DATA COLLECTION SHEET

Please check that the information below is correct.  
Complete any missing details, and return to the school office.

|   |   |
|---|---|
| <b>Surname:</b><br><br><b>Forename:</b><br><b>Chosen name:</b><br><b>Date of Birth:</b><br><b>Address:</b><br><b>Post Code:</b><br><b>Telephone:</b><br><b>Email:</b> | <b>Legal Surname:</b><br><br><b>Middle name:</b><br><b>Gender:</b><br><b>Reg Group:</b><br><br><b>Year:</b> |
|---|---|

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

| Priority | Name/Relationship | Home Address/Phone/Mobile/Fax | Work Address Phone/Email     |
|----------|-------------------|-------------------------------|------------------------------|
|          |                   | <b>Tel:</b><br><b>Mobile:</b> | <b>Tel:</b><br><b>Email:</b> |

### Travel Arrangements

If the above information is incorrect, please tick the appropriate choice

|   |   |   |                                |                               |                                     |                                    |
|---|---|---|--------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bicycle            | <input type="checkbox"/> Train              | <input type="checkbox"/> Car/Van                | <input type="checkbox"/> Walk  | <input type="checkbox"/> Taxi | <input type="checkbox"/> School Bus | <input type="checkbox"/> Car Share |
| <input type="checkbox"/> London Underground | <input type="checkbox"/> Public Bus Service | <input type="checkbox"/> Metro/Train/Light Rail | <input type="checkbox"/> Other |                               |                                     |                                    |

### Route

### Dietary Needs

#### Dietary Preferences

#### Meal Arrangement

If the above information is incorrect, please tick the type of meal to have for each day of the week below.

| Type of meal | Mon                      | Tue                      | Wed                      | Thu                      | Fri                      |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| School Meal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Packed Lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                         |                |                         |
|-------------------------|----------------|-------------------------|
| <b>Medical Practice</b> | <b>Address</b> | <b>Telephone Number</b> |
|-------------------------|----------------|-------------------------|

|                             |
|-----------------------------|
| <b>Medical Condition(s)</b> |
|-----------------------------|

|                        |
|------------------------|
| <b>Medical Note(s)</b> |
|------------------------|

|                     |
|---------------------|
| <b>Disabilities</b> |
|---------------------|

|  |   |
|--|---|
| <b>Ethnicity:</b><br><b>Religion:</b>  | <b>First Language:</b><br><b>Home Language:</b> |
| <p><b>Data Protection Act 1998:</b> The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.</p> |   |
| <b>Signature:</b>  | <b>Date:</b>                                    |

## PARENTAL CONSENT FORM

**CHILDS NAME** \_\_\_\_\_

**CLASS** \_\_\_\_\_

**To the Head teacher:**

For Journeys away from the school site lasting for up to one day without an overnight stay.

I am willing to allow my son/daughter ..... (please insert child's name) date of birth..... to take part in activities away from the school base during the period 3<sup>rd</sup> September 2015 – 15<sup>th</sup> July 2016. I also give consent for the class teacher, teacher in charge or Head teacher to sign on my behalf any forms of consent required by the hospital authorities in the event of my son/daughter \* being ill or injured during the course of the journey or stay to the extent that a surgical operation or serum injection becomes necessary, provided the delay required to obtain my own signature might be considered likely in the opinion of the doctor or surgeon concerned to endanger my son/daughter's health or safety.

My son/daughter\* is/is not\* as far as I am aware, sensitive to penicillin.

My Son/daughter\* has / has not\* received a tetanus injection in the last five years (Please give date if known)

In understanding that during the period of the activities away from the school base my son/daughter\* will be in your charge, through the appointed members of staff and under your instructions.

Signed ..... Parent / Guardian

Date.....

\* delete as appropriate

# ST HUGH OF LINCOLN RC PRIMARY

Medical Information Pupil Name: \_\_\_\_\_ Class \_\_\_\_\_

|                                    | Tick if applicable | Further information and details of condition |
|------------------------------------|--------------------|--|
| Hearing difficulty                 |                    |  |
| Visual difficulty                  |                    |  |
| Speech difficulty                  |                    |  |
| Asthma                             |                    |  |
| Epilepsy                           |                    |  |
| Diabetes                           |                    |  |
| Allergy (including food allergies) |                    |  |
| Any other problem/difficulty       |                    |  |

Signed \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_



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September 2015

Head Teacher: Mr M. Mountcastle

Dear Parent / Guardian

### COLLECTION AND RECORDING OF PUPILS' ETHNIC BACKGROUND

On the reverse is a short ethnic monitoring form for you to fill in about the ethnic background of your child. All schools are required to do this by the Department for Education and Skills (DfES). Please tick the appropriate box which refers to your child's 'ethnic background' on the attached form and return the form in the attached envelope to the school office.

The information which you provide will be used to compile statistics on the school careers and experiences of children from different backgrounds, ensuring that all children have the opportunity to fulfil their potential. These statistics will **NOT** allow individual children to be identified publicly and the information will not be used for any other purpose. From time to time, information will be passed to the LEA and the DfES to contribute to local and national statistics.

Information about your child's ethnic background will be passed on to any other school to which your child transfers to save you having to be asked for it again. You can check your child's information at any time if you wish, have the ethnic background changed or removed.

If you have not returned your completed form **within 4 weeks**, then the school may use its best judgement to assess the ethnic background of your child, noting that the information has been arrived at in this way.

Thank you for your help.

Yours sincerely

G. Chappell  
Office Manager



## ETHNIC BACKGROUND RECORD FORM

**Pupil's Name:** \_\_\_\_\_

Our ethnic background describes how we think of ourselves. This may be based on many things including for i.e. our skin colour, language, culture, ancestry or family history: Ethnic background is not the same as nationality or country of birth.

### WHITE

- British
- Irish
- Traveller of Irish Heritage
- Gypsy / Roma
- Any other White background

### MIXED

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

### ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

### BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background
  
- Chinese

**This information was provided by:**

- Parent
- Guardian

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Dear Parent/Carer

During the school year we take a number of photographs of the children at work and play. We will use these photographs for a variety of reasons including school displays and our website. The photographs will not be 'staged' and the children will not be specially selected.

As parents you have the right to refuse permission for your child to be photographed. Should this be the case, please inform school within 2 weeks of the date of this letter and we shall ensure that your child is not photographed.

If you do not respond within this time, we shall assume that we have your permission for your child to be included in photographs during the academic year.

Yours faithfully,

G. Chappell  
Office Manager

