

Data collection form (2024/25)

Parent/Carers

To ensure we have all the most up-to-date information on you and your child, could I please ask you to complete the following form. If you have more than one child at Hednesford Valley High School, please complete one form for each child. You will have this option after submitting your first questionnaire.

Kind regards,
Mr Stokes

* Required

1. First name of child (Christian name) *

2. Middle name/s of your child

3. Last name (Surname) of your child *

4. Legal surname (if different) of your child

5. Please state the date of birth of your child (e.g. 21st September 2001) *

6. Gender/Sex of your child *

Male

Female

7. Full address of child (include house number/name, street name, name of village/town, county and postcode)

Example:

7 Stanley Road

Cannock

Staffordshire

WS12 4JS *

8. Priority 1 (main contact) - this will be the first person contacted and where reports and letters will go to.
Name of main contact (include prefix - Mr/Mrs, full name, relationship to child, full address, home telephone number "if possible", mobile number, email address, work name and contact number/email.

Example

Mr Joe Bloggs

Father

7 Stanley Road

Cannock

Staffordshire

WS12 4JS

Home: 01543 423714

Mobile: 07932 199 199

Email: j.bloggs@sky.com

Work: Chester Fire Alarm Ltd: 01543 999 999 *

9. Priority 2 (second contact) - this will be the second person contacted where the first is not available.
Name of main contact (include prefix - Mr/Mrs, full name, relationship to child, full address, home telephone number "if possible", mobile number, email address, work name and contact number/email

Example

Mr Joe Bloggs

Father

7 Stanley Road

Cannock

Staffordshire

WS12 4JS

Home: 01543 423714

Mobile: 07932 199 199

Email: j.bloggs@sky.com

Work: Chester Fire Alarm Ltd: 01543 999 999 *

10. Priority 3 (other contact) - this will be the third person contacted, where the first or second person is not available. Name of main contact (include prefix - Mr/Mrs, full name, relationship to child, full address, home telephone number "if possible", mobile number, email address, work name and contact number/email

Example

Mr Joe Bloggs

Father

7 Stanley Road

Cannock

Staffordshire

WS12 4JS

Home: 01543 423714

Mobile: 07932 199 199

Email: j.bloggs@sky.com

Work: Chester Fire Alarm Ltd: 01543 999 999 *

11. Priority 4 (other contact) - this will be the third person contacted, where the first or second person is not available. Name of main contact (include prefix - Mr/Mrs, full name, relationship to child, full address, home telephone number "if possible", mobile number, email address, work name and contact number/email

Example

Mr Joe Bloggs

Father

7 Stanley Road

Cannock

Staffordshire

WS12 4JS

Home: 01543 423714

Mobile: 07932 199 199

Email: j.bloggs@sky.com

Work: Chester Fire Alarm Ltd: 01543 999 999 *

12. All reports and letters will go automatically to Priority 1. If you require any other "priorities" to be included in receiving letters/reports etc. (for example people with **shared parental responsibility**), please state who this person is. *

13. Travel arrangement for your child *

- Bicycle
- Train
- Car/Van
- Taxi
- Car Share
- Public transport (e.g. bus)
- Other

14. Dietary Needs: please state any dietary considerations for your child *

15. Name of child's medical practice (please include - name of practice, name of doctor, address of medical practice) *

16. Please name any medical conditions your child has (e.g. epilepsy, diabetes etc.) Please state "None" if your child doesn't have a medical condition. *

17. Please state the religion of your child (please state "NONE" if your child does not have a religion) *

18. Please state the Home Language of your child (e.g. English) *

19. Please state the First Language of your child (e.g. English) *

20. Please state your child's county of birth (e.g. United Kingdom) *

21. Please state your child's nationality (e.g. United Kingdom) *

22. The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR).

The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.

Please state that you agree with this. *

Yes

23. Please state the name of the person completing this form *

24. Please confirm that the person completing this form has parental responsibility for the child in question. *

Yes

No

25. What is the lunchtime arrangement for your child *

Packed lunch provided by home

School dinners

Free School Meal

26. Do you give permission for your Child to attend visits that take place during the school day, that are local to the School Area?

*

- Yes
- No
- I will call the reception

27. I give permission for my Childs photo to be taken? *

- Yes
- No

28. Please tick to give consent on how we use your child photo.

*

- School Website
- School Material (Newsletters)
- Video/Webcam
- School Class Photos
- Other

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