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| **Shimna Integrated College****Data Capture Form – Year 8 September 2023** |
| ***Please complete all sections using BLOCK CAPITALS throughout.******\* \*****delete as appropriate* | **Year Group : 8****September 2023** |

**Personal Information:**

|  |  |
| --- | --- |
| Surname: |  |
| Forename: |  |
| Other Names: |  |
| Preferred Name: |  |
| Gender:**\*\*** M/F  | Date of Birth: / /  |
| Address: |  |
| Town: |  |
| Postcode: |  |
| Home Telephone: |  ex-directory |

**Contact Information:**

**PTO**

|  |  |  |
| --- | --- | --- |
| Mother/Guardian: **\*\***Full Name & Nationality |   | Contact Priority: e.g. - 1st 2nd 3rd |
| Normal Address:(if different from student's) |  |
| Town: |  |
| Postcode: |  |
| Work Telephone Number: Mobile:Email address: |  Extension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Father/Guardian: **\*\***Full Name & Nationality |  | Contact Priority: e.g. - 1st 2nd 3rd |
| Normal Address:(if different from students's) |  |
| Town: |  |
| Postcode: |  |
| Work Telephone Number:Mobile:Email address: |  Extension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there a legal order relating to the student? **\*\*** | Yes / No - **If yes please provide copies of any documentation** |
| **Emergency contact if parents are unavailable:** |  | Contact Priority: e.g. - 1st 2nd 3rd |
| Address: |  |
| Telephone Number: |  |
| Relationship: |  |

**School Record:**

|  |  |
| --- | --- |
| Previous School(s): |  From To  |
|  |  |
|  |  |
| Siblings already attending the College: | Name:  |  | Year Group: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Medical Information:**

|  |  |
| --- | --- |
| Doctor's Name: |  |
| Surgery Address: |  |
| Telephone Number: |  |
| Specific Medical Conditions, Allergies & Medication Taken – ***I/we agree to inform the College of any medical changes throughout year*** |  |

**Ethnic/Cultural:**

|  |  |
| --- | --- |
| Religious Affiliation:  |  |
| Nationality: |  |
| Home language if not English |  |

**Parental Permission:**

|  |  |
| --- | --- |
| I/we give permission for my/our child’s photos to be used on the Shimna website and Facebook page, College events in local newspaper etc **\*\*** | Yes/No  |
| I/we give permission for my/our child to participate in outdoor learning/ visits within a 3 mile radius of Shimna College **\*\*** | Yes/No |

**School Policies:**

|  |  |
| --- | --- |
| I/we confirm I/we have read the College policies on the College website: [www.shimnaintegratedcollege.org](http://www.shimnaintegratedcollege.org)***College policies are also availble on request at***info@shimna.newcastle.ni.sch.uk | Signature/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Information supplied by parents/guardians may be shared with other statutory bodies,*** ***such as the Department of Education******In compliance with GDPR Policy, it is essential that all information is accurate and up to date*** |