



Year 6 Transition Data Collection Form – September 2021 starters

Dear Parent/Carer,

As you can imagine, the transfer of your child from primary school to High School requires a fair amount of form filling! Furthermore, with the guidelines for GDPR, parents are now required to show their consent for a wide range of school policies and procedures by signing an 'opt in' document. This information will be used to safeguard your child and support their learning throughout their time at school. Naturally, the information you supply us is treated with the utmost confidence.

Thank you for your co-operation in completing this form. When you have done so, please return it either by post to the school (address above) or by e mail to transition@calderlearningtrust.com

All forms should be returned as soon as possible and no later than Friday 28th May. Notes to support you in the completion of this form can be found in the parent section of the school website www.calderlearningtrust.com

Section 1 - Your child's basic details

Legal Forename	Middle Name(s)
Legal Surname	Known as Name
Date of Birth	/ /
	Gender
<p>Address</p> <p>.....</p> <p>.....</p> <p>Town County.....</p> <p>Postcode</p> <p>Home Telephone Number (inc STD code)</p>	
<p>Names of siblings at Calder High School</p>	

CONTACT 1 (<i>Parental responsibility – first priority</i>)					
Name					
Title	Mr	Mrs	Miss	Ms	Other (please state)
Forename				Surname	
Relationship to student				Parental Responsibility Yes/No	
Home Address					
Postcode			Home Tel (inc STD code)		
Work Tel No			Mobile Number		
Email Address					
Is this person authorised to collect the child from school? Yes/No					
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No					

CONTACT 2 – second priority					
Name					
Title	Mr	Mrs	Miss	Ms	Other (please state)
Forename				Surname	
Relationship to student				Parental Responsibility Yes/No	
Home Address					
Postcode			Home Tel (inc STD code)		
Work Tel No			Mobile Number		
Is this person authorised to have correspondence/reports about the child emailed to them? Yes/No					
Email Address					
Is this person authorised to collect the child from school? Yes/No					
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No					

CONTACT 3 – <i>third priority</i>			
Name			
Mrs	Miss	Ms	Other (please state)
Forename		Surname	
Relationship to student		Parental Responsibility Yes/No	
Home Address			
Postcode		Home Tel (inc STD code)	
Work Tel No		Mobile Number	
Email Address			
Is this person authorised to collect the child from school? Yes/No			
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No			

CONTACT 4 (<i>emergency 24 hour contact should contacts 1-3 be unavailable</i>)			
Name			
Mrs	Miss	Ms	Other (please state)
Forename		Surname	
Relationship to student		Parental Responsibility Yes/No	
Home Address			
Postcode		Home Tel (inc STD code)	
Work Tel No		Mobile Number	
Email Address			
Is this person authorised to collect the child from school? Yes/No			
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No			

Please note that it is vital that you inform school should your contact details change; please note that the school uses email as the primary form of communication with parents.

Section 2 – Sensitive Family Information

To ensure we communicate fairly with everyone, if your child has a parent who does not live with you in the family home, but has parental responsibility, please supply their details in the next section. If there is a court order regarding parental responsibilities please tick the box and the school will arrange a meeting to verify this fact. If you require any further advice regarding this matter please email nbaxter@calderlearningtrust.com

2.1 - Separated families/absent parents									
Parent name				Priority (please circle)		1	2	3	4
Mrs	Miss	Ms	Other (please state)						
Forename				Surname					
Relationship to student									
Home Address									
Postcode				Home Tel (inc STD code)					
Work Tel No				Mobile Number					
Email Address									
Is this person authorised to collect the child from school? Yes/No									
Would the child be authorised to stay with this contact overnight in an emergency? Yes/No									
Does this person have any existing court orders preventing contact? Yes/No									

2.2 - Please complete the next section, if appropriate, in order for us to identify extra support and funding for students. Is this child: *(Tick more than one if necessary)*

<input type="checkbox"/>	Adopted	<input type="checkbox"/>	Private Fostering	<input type="checkbox"/>	Under Local Authority care
<input type="checkbox"/>	Out of Authority Care	<input type="checkbox"/>	From a Services family in the last four years		
<input type="checkbox"/>	In receipt of free school meals in the last six years				
<input type="checkbox"/>	Subject to a Care Plan/Child Protection				

2.3 - If the child is in Local or Out of Authority Care you are required to give details of the Social Worker who has parental responsibility:

Name		Role	
Authority Address			
Work Number			
Mobile Number			
E-mail			
Parental Responsibility	Yes/No		

Section 3 – Medical Information

3.1

Grange Dene Medical Centre (Burnley Rd, Mytholmroyd)

Luddendenfoot Health Centre (Kershaw Drive, Luddendenfoot)

Valley Medical Centre (Valley Rd, Hebden Bridge)

Other *(please give details below)*

Doctor's Name

Surgery Address

3.2 - Does your child have specific medical needs which the school should be aware of such as allergies, asthma, diabetes etc..?

If so, please complete the medical form on the school website and return it to Jan Bottomley in Student Services before they begin at Calder High.

3.3 - Does your child have a Medical Care Plan from Primary School/Hospital?

If so, please send a copy of this to Jan Bottomley in Student Services before they begin at Calder High.

Section 4 – Other Information

4.1 - Ethnicity/Cultural Background

*Please circle one from each category below Only complete 'Home Language' and 'English Speaking Ability' columns if **English is a second language***

Ethnic Group	Religion	Home Language	English Speaking Ability
Bangladeshi	Buddhist	Bengali	New to English
Black - African	Christian	Chinese	Knows a few phrases
Black - Caribbean	Hindu	Danish	Developing language
Chinese	Jewish	English	Competent
Gypsy/Roma	Muslim	French	Fluent
Indian	No Religion	German	
Pakistani	Sikh	Gujarati	
Traveller of Irish heritage	Pagan	Hindi	
White - British	Other	Italian	
White - Irish		Kurdish	
White and Asian		Punjabi	
White and Black African		Polish	
White and Black Caribbean		Portuguese	
Any other Asian background		Serbian/Croatian	
Any other Black background		/Bosnian	
Any other ethnic group		Somali	
Any other mixed background		Spanish	
Any other White background		Turkish	
		Urdu	
		Other	

National Identity (please circle the one that best applies)

British – English – Welsh – Scottish – Irish

Other – please state

Refused

4.2 - Travel to School (please tick the appropriate box)

Car		Cycle		Special Bus		Public Bus	
Taxi		Train		Walk			
Other – please specify							

4.3 - Dinner Arrangements (please tick the appropriate box)

Free school meals (FSM) in the last 6 years		Bought school meal		Packed lunch from home			
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4.4 - Confidential Information

Please could you inform us of personal difficulties of any kind that your child may have, including family circumstances, which may affect your child at school. This is for support purposes only.

4.5 - External Agencies: If you have any agencies working with your child or with your family, please give the names of relevant people so we can ensure that we manage the transition process sensitively and confidentially e.g. Attendance Officer, Family Worker, CAMHS, etc...

Surname	Forename	Agency	Contact Number

Section 5 - Additional Educational Needs

If your child has any additional educational needs we would like to know how we can best support them. It may be necessary for us to meet with you regarding this to personalise the support available.

Does your child currently have a Special Educational Need? *Please circle* Yes No

If yes, please give details below

Does your child currently have an Individual Education Plan (IEP) to support their learning?

Please circle Yes No

Parental consent and acceptance of school policies and procedures

Please read the information below and any relevant documentation in the parent section of our school website www.calderlearningtrust.com before giving your consent.

About student learning:

- Home School Agreement – an agreement between the school, parent and child ensuring we work together to achieve the best possible outcomes for all students
- IT acceptable user policy – a policy aimed at keeping students safe online and outlining what we expect from them when using technology in school
- Participation in Learning for Life (L4L) activities and lessons involving the delivery of age-appropriate teaching of Personal, Social and Health Education (PSHE) and Spiritual, Moral, Social and Cultural (SMSC) topics
- Educational Visits Code of Conduct – a policy outlining the school's expectations of appropriate behaviour when learning outside of the classroom and the consequences of a failure to meet the high standards we expect from all students
- Participation in off-site sporting activities – permission to take part in off-site sporting activities and to be dropped off 'en route' on the return from away fixtures.
- Copyright permission – consent that your son/daughter's work may be used by staff for displays or as teaching resources

About student well-being and safeguarding:

- Authorisation of medical treatment – consent to allow your child to receive emergency medical treatment or to be hospitalised if it has not been possible to contact you in person
- Administration of Paracetamol – consent giving the school permission to administer up to 2 x 500mg of Paracetamol on a daily basis
- Photographic Permission – consent to use pictures of your son/daughter around school, in school publications including the school website/social media and occasionally in the local and national press.
- Data exchange – permission for the school to send data regarding your child to other schools where necessary
- Biometric data collection – permission to capture your child's fingerprints solely for purchase of food and drink in the school diner.

Please complete the table below by ticking each box where you give your consent/agreement/support. If you do not give your consent, please leave a box blank.

	<i>(tick below)</i>
Home School Agreement	
IT acceptable use policy	
Participation in L4L, PSHE, RSE and SMSC activities	
Educational Visits Code of Conduct	
Participation in off-site sporting activities	
Copyright permission	
Authorisation of medical treatment	
Administration of Paracetamol	
Photographic permission	
Data exchange	
Biometric data collection	

Please complete the details below in BLOCK CAPITALS

Name of student.....

Parental Name.....

Parental signature..... Date.....

Thank you for your co-operation in completing this form.