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| **FOR OFFICE USE ONLY** | Newcomer  Yes / No |

# DATA COLLECTION FORM

Please complete and bring this FORM and SCHOOL FUND etc. to the INFORMATION EVENING in Lurgan Junior High School on Monday, 12th June 2023.

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| **Preferred Surname:** |  | **Legal Surname:**  (if different) | |  | |
| **Preferred Forename:** |  | **Legal Forename:**  (if different) | |  | |
| **Middle name:** |  | **Gender:** | | **Male / Female** | |
| **Date of Birth:** |  | **Brother/Sister currently or previously attended Lurgan JHS** | | **Yes / No** | |
| **Name(s) of Brother/Sister(s)**  **currently attending & year** |  | | | | |
| **Name(s) of Brother/Sister(s)**  **attended in past** |  | | | | |
| **Address:**  *(Must include House Name or House Number)* |  | | | | |
|  | | **Post Code:** | |  |

**Details as follows: No. 1 & 2** **- persons who have legal Parental Responsibility**

**No. 3 - anyone you wish to be contacted in an emergency other than 1&2**

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| **No. 1 PARENT** | **Please indicate relationship to Pupil** e.g. Parent/Step-parent**: [ ]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | Title: | | | | Mr/Mrs/Ms | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | |
| Home Tel: | | | | | | | | | | | | | Mobile: | | | | | | | | | | | | Work Tel: | | | | | | | | | | | |
| Email: |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |
| **No. 2 PARENT** | **Please indicate relationship to Pupil e**.g. Parent/Step-parent**: [ ]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | Title: | | | | Mr/Mrs/Ms | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | |
| Home Tel: | | | | | | | | | | | | | Mobile: | | | | | | | | | | | | Work Tel: | | | | | | | | | | | |
| Email: |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |
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| **No. 3 OTHER** | **Please indicate relationship to Pupil** e.g Grandparent/Childminder**: [ ]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | Forename: | | | | | | | | | | | | | | | | | | Title: | | | | Mr/Mrs/Ms | | | | |
| Home Tel: | | | | | | | | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | | | | | |

**\*\* Please note: Contact No. 1 & 2 must have legal Parental Responsibility as these will be the e-mail addresses used for Sims Parent App\*\***

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| **Meal Arrangements (Circle appropriate choice below)** | | |
| Eligible for Free School Meal\* | Paid School Meal | Packed Lunch |
| \*Applications for Free School Meals must be made every year on-line - <https://www.eani.org.uk/financial-help/free-school-meals-uniform-grants> | | |

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| **Medical Practice:** | **Telephone:** |
| **Address of Medical Practice:** | |
| **Medical Information:** | |
| **Special Dietary Needs: YES or NO** *(delete as appropriate. If yes, contact school in the first week of term)* | |
| **Allergies (including food):** | |
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| **Previous Primary School:** | **Date of Admission:** |
| **Reason for Leaving:** | **Date of Leaving:** |
|  |  |
| **Religion:** Christian OR Other, please state |  |
|  |  |
| **Ethnicity:** White OR Other e.g. Chinese etc. please state |  |
|  |  |
| **Home Language:** e.g. English OR Other | *(please specify)* |
| English as a second language | YES / NO |
| **If yes**, name country of origin |  |
| **If yes**, write start date in Primary School |  |
| **Do both/either parent require an interpreter?** | YES / NO |
| Does your child have special Educational Needs | YES / NO |
| **If yes,** please circle current stage on the Code of Practice | 1 2 or 3 |

**School Fund and Other Costs**

Pupils will receive a letter home on their first day of school indicating money required for the following:

* School Fund:  1 child = £30, 2 children = £55 and 3 or more children = £65
* Other costs (Year 8 only):  £40 towards cost incurred in Art, Home Economics, Technology and Design and Science.

If you would prefer, you may forward a cheque made payable to ‘Lurgan Junior High School’ along with this form for your convenience.

**Permissions and Agreements Section** - Please tick that you have read, understood and agreed with the details in the Parent and Pupil Permissions and Agreements booklet (Please keep this booklet for future reference).

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| **Standard Agreements** | Please tick |
| Home school contract - Parent/Guardian’s Commitment (Page 2) |  |
| Home school contract - Pupil Commitment (Page 3) |  |
| Mobile Phone Policy |  |
| Pupil Acceptable Use Policy – Technology and Google Apps (Pages 6-7) |  |
| SIMS Parent App (Pages 8-9) |  |
| Standardised Assessment (Page 10) |  |
| Home Economics (Page 10) |  |
| Road Safety (Page 11) |  |
| Online Safety (Page 11) |  |
| Peer pressure, anti-social behaviours and the dangers of substance misuse (Page 11) |  |
| Positive body image and healthy eating (Page 11) |  |
| **Optional Agreements** |  |
| Digital Imagery – Point 1 (Page 4) |  |
| Digital Imagery – Point 2 (Page 4) |  |
| Digital Imagery – Point 3 (Page 4) |  |
| Digital Imagery – Point 4 (Page 4) |  |
| Digital Imagery – Point 5 (Page 4) |  |
| Digital Imagery – Point 6 (Page 4) |  |
| Digital Imagery – Point 7 (Page 4) |  |
| Digital Imagery – Point 8 (Page 5) |  |
| Digital Imagery – Point 9 (Page 5) |  |
| Digital Imagery – Point 10 (Page 5) |  |
| Relationships and Sexuality Education (Page12) |  |

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.

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| Pupil’s Signature: |  | Date: |  |
| Parent/Guardian’s Signature: |  | Date: |  |