

## Comprehensive Data Form

Please return to Madeley Academy.

Year:

Tutor:

Surname:

Forename(s):

Preferred name:

Home Salutation:

Home address:	Home Tel: Mobile: Email: Student Mobile: Date of Birth: Date of Registration to Madeley Academy:
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Name of Doctor:  Address:   Post Code: Tel:	Medical History/Conditions  Regular Medication:  Kept in school: Yes/No* <i>If Yes, MED1 Form must be completed for medication to be administered in school. (Available on request from Student Services)</i>  Allergies:
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First Language:	Nationality:
Ethnicity:	Religion:

Fair Processing Consent: Yes/No* <i>See Student Handbook</i>	Country of Birth:
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Primary mode of travel to/from school: Secondary Mode:	Estimated travel time:
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Eligible for Free School Meals: Yes/No*	Special Educational Needs: Yes/No*
FSM Review Date:	On Gifted & Talented Register: Yes/No*
In Care: Yes/No* Care Authority:	Subject(s):

**PLEASE ALSO COMPLETE THE REVERSE OF THIS SHEET**

*\*Please delete as appropriate*

**PLEASE COMPLETE EMERGENCY CONTACTS IN ORDER OF PRIORITY**

Priority	Name (including title)	Address	Home Telephone	Work Telephone	Mobile Telephone	Relationship To Student
1						
2						
3						

Is either parent currently serving in Her Majesty's Armed Forces? Yes/No\* If so, please state who: Mother/Father/Both\* *\*Please delete as appropriate*

**Photographs**

The Academy has a high media profile which results in visits from photographers and TV camera crews. In addition, technicians regularly film around the Academy to produce promotional videos and curriculum materials. We also celebrate the success of students with pictorial displays around the Academy.

If you do not wish your child's image to be used in this way then please indicate by ticking the box ☐

**Parental Support**

The Academy is very keen to provide a wide range of opportunities to students. Are you able to:

- Help with coaching ☐ Please give details .....
- Provide an after-school club ☐ Please give details .....
- Provide support for teachers running school trips ☐

Signature of Parent/Carer