



# The Parker

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## E-ACT ACADEMY

Headteacher: Mr Simon Cox  
T: 01327 705816  
E: [Theparkerenquiries@e-act.org.uk](mailto:Theparkerenquiries@e-act.org.uk)  
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Dear Parent/Carer

The administration within the Academy is organised and run on computer using the data management system (SIMS) which is subject to the General Data Protection Regulation (GDPR). The Regulation requires that all the information held on computer is strictly confidential and may only be accessed by those with a legal right to see it.

We need to be in a position to ensure immediate contact with parents/carers (or other nominated adults) when necessary, speedily covering all emergencies, and to be able to collate necessary information for County and National educational statistical returns. For the Academy to provide an accurate and detailed information service, we ask parents/carers of all new students to complete and return to the Data Office a 'Data Collection Sheet' (attached). It is important for you to give full details of all persons who have Parental Responsibility (a legal term defined by the Children Act 1989\*). Anyone else you wish to be contacted in an emergency should be listed appropriately, placing the contacts in the order you prefer.

You have the right to examine, at any reasonable time, information we keep on computer regarding your son/daughter. You also have the right to correct any information that you feel is wrong or misleading. It is the Academy's policy to regularly check and expand upon student information held on computer and you will receive annually an update form from the Data Office.

In line with current Data Protection legislation, I refer you to the Privacy Notices on our website: <https://www.e-act.org.uk/privacy-notices/>. This explains the legal basis for processing your data along with how the data is stored and shared.

For your information, your son's/daughter's photograph will be downloaded onto the SIMS database during his/her first year at The Parker E-ACT Academy and then annually thereafter and this photo is for internal use only. For the occasions where the press are invited to the Academy to report on and take photographs of students who have made an outstanding achievement towards Academy life or who have taken part in positive, newsworthy activities. Our website also contains photographs and reports relating to students and their contribution to Academy life. Therefore, we need to ask for your consent first and I enclose a Photography Consent Form which we ask you to complete and return with the Data Collection Sheet.

Yours faithfully

Angela Hamilton  
Data Manager

Attachment: Data Collection Sheet  
Photography Consent Form  
Medical and Other Consents Form

\*see <https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>



**Please complete and return these forms to:  
Data Manager, The Parker E-ACT Academy, Ashby Road, Daventry, Northamptonshire, NN11 0QE.**

**STUDENT'S PERSONAL INFORMATION:** Gender M  F

Legal Forename ..... Legal Surname .....  
(Name as it appears on birth certificate or deed poll)

Preferred Forename ..... Preferred Surname .....  
(eg name preference is Tom instead of Thomas) (only if usually known by a different surname to legal surname)

Middle Name(s) ..... Date of Birth .....

Home Address.....  
..... Postcode .....

**Full name(s) of Parent(s)/Carer(s) living at this address:**

Mr/Mrs/Ms/Miss.....

Mr/Mrs/Ms/Miss.....

If parents are separated or divorced, has a court order been issued? Yes  No   
Please give brief details at bottom of page 2  
Is the student adopted? Yes  No

**Historical:** Name and town of school last attended .....

**OFFICE USE ONLY:**

Date of Admission ..... Admission No. .... Year ..... Tutor Group .....

**EMERGENCY CONTACT DETAILS**

*Please note we require at least TWO people who can be contacted by phone during the day*

**Please ensure you list YOUR own contact information BELOW and also give details of anyone else you would like to be contacted in an emergency. It is important to list below details of ALL persons who have Parental Responsibility (please use the tick box provided to indicate Parental Responsibility).**

**Those with Parental Responsibility are legally defined in England and Wales as being the child's mother, the father if named on the birth certificate or having a Parental Responsibility Agreement with the mother (filed at the Principal Registry of the Family Division) or via a court order, or somebody who has been given legal responsibility for the child.**

**1ST CONTACT: Parental Responsibility** Yes  No

Mr/Mrs/Ms/Miss . .....  
(Forename) (Surname)

Relationship to child.....(mother/father/step-parent/foster carer/legal guardian etc.)

Address .....

Town/Village ..... County ..... Post Code .....

Home telephone No ..... Work telephone No .....

Mobile telephone No ..... Occupation .....

Work Location ..... Working hours .....

Main Email address .....

**2ND CONTACT: Parental Responsibility Yes  No**

Mr/Mrs/Ms/Miss . .....  
(Forename) (Surname)

Relationship to child.....(mother/father/step-parent/foster carer/legal guardian etc.)

Address .....

Town/Village ..... County ..... Post Code .....

Home telephone No ..... Work telephone No .....

Mobile telephone No ..... Occupation .....

Work Location ..... Working hours .....

Main Email address .....

**3RD CONTACT: Parental Responsibility Yes  No**

Mr/Mrs/Ms/Miss . .....  
(Forename) (Surname)

Relationship to child.....(mother/father/step-parent/brother/neighbour etc.)

Address .....

Town/Village ..... County ..... Post Code .....

Home telephone No ..... Work telephone No .....

Mobile telephone No ..... Occupation .....

Work Location ..... Working hours .....

Main Email address .....

**IF NOT LISTED ABOVE AS A CONTACT: Details of parent not living at student’s address who should receive copies of progress reports, details of parents evenings, etc**

Mr/Mrs/Ms/Miss . .....  
(Forename) (Surname)

Relationship to child: Mother/Father

Address .....

Town/Village ..... County ..... Post Code .....

Main Email address .....

**Siblings/other family members attending The Parker**

Name ..... Relationship .....

.....

**Any information which will help us to ensure that your son/daughter is as happy as possible with us eg special interests or sensitive issues such as parental divorce/bereavement:**

.....  
.....

### ETHNICITY INFORMATION (to be completed on behalf of all children)

The information asked for below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools. **Please tick the appropriate boxes.**

Ethnicity of Child (Please tick one box only)		Languages (Please tick all languages normally spoken in the child's home)		Religion of Child (Please tick one box only)
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Other Black African	<input type="checkbox"/> Bengali	<input type="checkbox"/> Polish	<input type="checkbox"/> Anglican
<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Other Ethnic group	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Baptist
<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Dutch	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Traveller Irish - Heritage	<input type="checkbox"/> English	<input type="checkbox"/> Serbo-Croat	<input type="checkbox"/> Christian
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Flemish	<input type="checkbox"/> Spanish	<input type="checkbox"/> Hindu
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White British	<input type="checkbox"/> French	<input type="checkbox"/> Tamil	<input type="checkbox"/> Jehovah's Witness
<input type="checkbox"/> Black Somali	<input type="checkbox"/> White Irish	<input type="checkbox"/> German	<input type="checkbox"/> Turkish	<input type="checkbox"/> Jewish
<input type="checkbox"/> Chinese	<input type="checkbox"/> White/Asian	<input type="checkbox"/> Greek	<input type="checkbox"/> Urdu	<input type="checkbox"/> Methodist
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Gudjurathi	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Muslim
<input type="checkbox"/> Indian	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Hindi	<input type="checkbox"/> Welsh	<input type="checkbox"/> No religion
<input type="checkbox"/> I do not wish ethnicity to be recorded		<input type="checkbox"/> Italian		<input type="checkbox"/> Other
		<input type="checkbox"/> Other Language, please specify	.....	<input type="checkbox"/> Roman Catholic
		<input type="checkbox"/> I do not wish language to be recorded		<input type="checkbox"/> Sikh
				<input type="checkbox"/> I do not wish religion to be recorded

### MEDICAL INFORMATION

Doctor's Name ..... Surgery .....

Medical conditions .....

**EPIPEN USER? Y/N Severe Allergy to :** ..... **Child has Individual Health & Care Plan Y/N**

### ADDITIONAL INFORMATION (please circle)

**MEAL** Packed Lunch (to be eaten on site) / School Meal / Free School Meal (only circle if eligible)

**TRAVEL** Usual Method of Travel: Car / Bus / School Bus / Cycle / Walk / By Relative / Taxi / Other

### DECLARATION

**I confirm that the information I have provided is complete and accurate, and I will inform the school promptly of any changes**

**Parent/Guardian** Signature: ..... Date: .....

**Parent/Guardian** Name (BLOCK CAPITALS): .....

**Student** Signature: ..... Date: .....

**Student** Name (BLOCK CAPITALS): .....

## PARENTAL CONSENTS

Name of student ..... Year Group .....

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### EMERGENCY MEDICAL CONSENT

I give consent for my son/daughter to receive medical care in the event of an emergency.

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### CONSENT FOR CHILD TO TAKE MEDICATION

If your child needs to take medication during school hours, please complete the information below and leave the medication (including spare asthma inhalers) at Student Support.

**Please label all medicines clearly with your son's/daughter's name and Tutor Group.**

I give permission for my son/daughter to take the following medication:

Name of Medication .....

Dose ..... When to be taken .....

From (start date) ..... To (end date) .....

Short term medication       Ongoing medication

**I will inform The Parker E-ACT Academy if there is a change to my instructions.**

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### OTHER PARENTAL CONSENTS

**I give consent for the following (please tick all that apply):**

- My son/daughter to receive restricted internet access for the purposes of learning.
  - My son/daughter to have their biometric details (fingerprint) recorded – for example biometric data can be used for the payment of school meals.
  - My son/daughter to receive sex education as part of the PSHE programme.
  - Work produced by my son/daughter to be copyrighted by the school.
- 

ADULT WITH PARENTAL RESPONSIBILITY TO SIGN:

Parent/Guardian Signature: ..... Date: .....

Parent/Guardian Name (BLOCK CAPITALS): .....

# E-ACT

## Secondary academy photography consent form

E-ACT uses photographs and videos of pupils and parents in lots of different ways. The purpose of this form is to explain our practices in this area and also to ask for your consent for certain uses of photographs and videos.

### How E-ACT and our academies use photography and video of pupils and parents

Because we consider that using photographs and videos in the following ways is more privacy intrusive, we are asking for your consent for this first.

Please tick the following boxes to indicate whether you consent to the particular uses below.

I/we consent to E-ACT:

Publishing photographs and videos on the E-ACT website and on the website of my academy

Publishing photographs and videos on social media

Publishing extra information alongside photographs and videos such as pupil names and evidence of achievements. This applies to website, social media and printed material

Allowing my/my child's name and photograph to appear in a local newspaper, for example, in connection with a story about my academy

### Your consent

- There is no obligation on you to consent if you don't want to.
- If you change your mind you can withdraw your consent by informing your academy.
- If you do withdraw your consent then we will do what we can to stop using the photograph or video as soon as possible e.g. remove it from our website. However, for certain uses this will not be possible e.g. where it has been published in our prospectus and the prospectus has been printed and is currently in circulation.

**Pupil's name:** \_\_\_\_\_

**Pupil's signature:** \_\_\_\_\_

**Parent /carer name:** \_\_\_\_\_

**Parent /carer signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For more information about how E-ACT may use your/your child's information, please see our pupil and parent privacy notices which are published on the E-ACT website: [www.e-act.org.uk](http://www.e-act.org.uk).

If you have any concerns about us using photographs and videos please contact the academy.

### Photographs and videos for teaching related purposes

Please note that we do not seek consent before using photographs and videos which will be used for teaching purposes. For example, we do not seek consent before taking or using photographs or videos:

- To help with learning, such as when we record a drama lesson.
- As part of our internal admin processes. For example to help a teacher recognise a pupil if covering a lesson for a colleague.

### Using photographs and videos in connection with publicity

Similarly, as a general rule we do not seek consent before using photographs and videos for the purpose of promoting E-ACT or your academy or for celebrating success stories. For example:

- We will often include 'good news' stories concerning pupil achievements in parent and staff newsletters. As part of this we may publish pupil names and photographs alongside stories.
- We may use photographs in our printed prospectus. For example, a photograph showing a teacher and a number of pupils in a classroom setting. We will not include names or any other information about the pupil alongside the photograph unless you have consented.

If you **DO NOT** want E-ACT or your academy to use photographs and videos as described above, please contact your academy.



[info@e-act.org.uk](mailto:info@e-act.org.uk)



020 3176 3882



[@EducationEACT](https://twitter.com/EducationEACT)



[www.e-act.org.uk](http://www.e-act.org.uk)