



21st September 2018

Dear Parent/Carer,

In order to comply with GDPR regulations which the government introduced in the summer, it is necessary to complete an audit of the details we hold on file for each of our students.

We are aware that some parents/carers may have already given us this information recently, however, we would be grateful if everyone could complete the attached and return this to us by Friday 28<sup>th</sup> September.

A separate form must be returned for each student attending Vale of York Academy.

Thank you for your co-operation in completing and returning this data form by the above deadline.

Yours faithfully

Helen Dowds  
Principal

Vale of York Academy  
Rawcliffe Drive, Clifton (Without), York YO30 6ZS  
Tel: 01904 560000 Fax: 01904 560067  
Email: [contact@valeofyorkacademy.org](mailto:contact@valeofyorkacademy.org)  
[www.valeofyorkacademy.org](http://www.valeofyorkacademy.org)



## STUDENT UPDATE FORM

<b>Students Name:</b>	<b>Form:</b>
<b>Known as:</b>	<b>Date of Birth:</b>
<b>Address:</b>	

**Parent/Carer 1:**

<b>Name:</b>	<b>Relationship to student:</b>
<b>Address:</b>	<b>Home Tel number:</b>
	<b>Mobile number:</b>

**Parent/ Carer 2:**

<b>Name:</b>	<b>Relationship to student:</b>
<b>Address:</b>	<b>Home Tel number:</b>
	<b>Mobile number:</b>

<b>E-mail to be used for home/school communication purposes:</b>	
<b>Mobile number to be used for communication by Text:</b>	
<b>Who should we contact in an emergency?</b>	
<b>Full Name:</b>	<b>Contact Tel No:</b>
<b>Relationship to child:</b>	
<b>Full Name:</b>	<b>Contact Tel No:</b>
<b>Relationship to child:</b>	
<b>Full Name:</b>	<b>Contact Tel No:</b>
<b>Relationship to child:</b>	

<b>GP's Name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Permission to contact in an emergency:</b>  YES/NO
<b>Does your child have any Medical conditions we should know about?</b>  YES/NO	<b>If Yes, please give details:</b> (attach additional sheet if necessary)

<b>Ethnicity</b>
<b>Nationality</b>
<b>Country of Birth</b>
<b>First Language</b>

**I give my permission for my child's photograph to be used on:**

Academy/Trust website	YES/NO
Social Media	YES/NO
Prospectus/Newsletters/Publicity	YES/NO
Noticeboards/Diplays	YES/NO

**My child is entitled to free school meals**    YES/NO/NOT KNOWN

**Signed:** .....

**Date:** .....

**Full Name:** .....

**Relationship to child:** .....