

Data Collection Form

Please complete the details below and return this form to your child's teacher asap.

Surname		Legal Surname			
Forename		Middle Name			
Chosen Name		Gender	M/F	Class	
DOB					
Address					
	Postcode:				

Please give details of all persons who have parental responsibility and anyone else you wish to be contact in an emergency. Place them in the order that you wish for them to be contacted.

Parent/Guardian	Relationship to Pupil eg Parent/Stepparent			
Surname	Forname	Mr/Mrs/Ms	Priority	
Address:				
Postcode:				

Home Tel:	Work Place:	Work Tel:	Mobile:
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Parent/Guardian	Relationship to Pupil eg Parent/Stepparent			
Surname	Forname	Mr/Mrs/Ms	Priority	
Address:				
Postcode:				

Home Tel:	Work Place:	Work Tel:	Mobile:
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Other Contact	Relationship to Pupil eg Parent/Stepparent			
Surname	Forname	Mr/Mrs/Ms	Priority	
Address:				
Postcode:				

Home Tel:	Work Place:	Work Tel:	Mobile:
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Doctor:	Telephone:
Address:	
Postcode:	

Medical Information:
Special Dietary Needs:

Ethnicity:	Home Language:	Religion:
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Meal Arrangements (Circle appropriate choice)	Eligible for Free Meals:
Free School Meal Paid School Meal Sandwiches Home Other	Yes/No

Travel Arrangements (Circle appropriate choice)	Bus Route (if applicable)
Bicycle Train Walks Car Taxi School Coach Public Transport	

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local education Authority and with the Department of Education.

Signature:	Date:
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FOR OFFICE USE	Date of Admission to School:	Data entered:
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