

DATA COLLECTION SHEET



Legal Surname	
Legal Forename	
Middle name	
Preferred Forename	
Preferred Surname	
Gender	
Date of Birth	
Address	
Postcode	

Previous School:
(if applicable)

Children of service personnel?

YES NO

Please give details of all persons who have parental responsibility. (Indicate with a ✓.)

Please give details of who you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted. Please ensure you provide a minimum of **two** emergency contacts.

Priority	Name/Relationship	Home Address/Phone/Email	Work Address/Phone/Email
		Post Code	Post Code
		Tel:	Tel:
	Parental Responsibility <input type="checkbox"/>	Mobile:	Mobile:
		Post Code	Post Code
		Tel:	Tel:
	Parental Responsibility <input type="checkbox"/>	Mobile:	Mobile:
		Post Code	Post Code
		Tel:	Tel:
	Parental Responsibility <input type="checkbox"/>	Mobile:	Mobile:

Family Links (Please give details of any siblings attending the school)

Name		Date of Birth		Year:	
Name		Date of Birth		Year:	

Dietary Needs

Vegetarian Food Allergies - (Please give details)

Meal Arrangement Please tick the appropriate choice

Free School Meal Paid School Meal Packed Lunch Home Other

Doctor	
Address	
Telephone	

Medical conditions (Please list any Medical conditions)

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Dentist	
Address	
Telephone	

Ethnicity	
Home Language	Religion

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 DfES.

Signature	Date

