



DATA COLLECTION SHEET
Complete fully and return to the school office.

Surname:		Legal Surname:	
Chosen Name:		Legal Forename:	
Middle Name:		Gender:	
Date of Birth:	Year:	Reg Group:	
Address:			
Post Code:			
Telephone:			
Email:			
Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.			
Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1		Address: Tel: Mobile:	Address: Tel: Email:
2		Address: Tel: Mobile:	Address: Tel: Email:
3		Address: Tel: Mobile:	Address: Tel: Email:
Please indicate how your child will usually travel to school;			
<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Train
<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Taxi	<input type="checkbox"/>	School Bus
<input type="checkbox"/>	Car Share	<input type="checkbox"/>	Other
Please indicate any dietary requirements your child has or any allergies;			
Please provide details of your child's doctor;			
Medical Practice:			
Address:			
Telephone Numbers:			
Medical Condition(s):			
Medical Note(s):			
Disabilities:			
Ethnicity:		Religion:	
First language:		Additional languages:	
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 Authority and with the DfE.			
Signature:			Date: