

DATA COLLECTION SHEET

Complete details, and return to the school office.

Surname:	Legal Surname:	
Forename:	Middle name:	
Chosen 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				Tel: Email:
2				Tel: Email:

Travel Arrangements	Walk					
If the above information is incorrect, please tick the appropriate choice						
<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"/> London Underground	<input type="checkbox"/> Public Bus Service	<input type="checkbox"/> Metro/Train/Light Rail	<input type="checkbox"/> Other			
Route						

Dietary Needs				
Meal Arrangement Sandwiches				
If the above information is incorrect, please tick the appropriate choice				
<input type="checkbox"/> Free School Meal	<input type="checkbox"/> Paid School Meal	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Home	<input type="checkbox"/> Other

Medical Practice:
Address:
Telephone Number:

Medical Condition(s)

Medical Note(s)

Ethnicity :	Religion:
Home Language:	
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 DfES.	
Signature:	Date: