



DATA COLLECTION SHEET

Please complete the information required below and return to the main school office.

Surname:	Legal Surname:
Forename(s):	Gender:
Chosen name:	Year Group: Year
Date of Birth:	
Address:	
Postcode:	
Telephone:	

Please give details of all persons who have parental responsibility below 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.

If you require any more room please use the reverse of this form.

Priority	Name/Relationship	Home Address/Phone/Mobile	Work / Phone	In Touch Communication required. Please tick
1				
2				

Please tick the appropriate choice of travel arrangements.

Bicycle
 Train
 Car/Van
 Walk
 Taxi
 School Bus
 Car Share

Please provide an e-mail address for communication from school below:

Medical Practice:
Address:

Telephone Number:

Medical Conditions/Allergies

Ethnicity: White British Other Please Specify

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 DfE,

Signature:

Date: