



Data Collection Form



In order to collect all the up to date information about the children we need all parent's to fill in a data collection form for each child in the school.

Please return to the school as soon as possible

Surname		Legal Surname (If Different)	
Forename		Middle Name	
Chosen Name		Gender	M / F
			Class
Date of Birth		Brother/Sister in school	Yes / No

Address		
		Post Code

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 them to be contacted.

Priority 1

Surname	Forename	Mr / Mrs/ Miss	Relationship
Address			
			Post Code

Telephone Numbers	1 Home	2 Work (Please State Place of Work)	3 Mobile

Priority 2

Surname	Forename	Mr / Mrs/ Miss	Relationship
Address			
			Post Code

Telephone Numbers	1 Home	2 Work (Please State Place of Work)	3 Mobile

Priority 3 (Optional)

Surname	Forename	Mr / Mrs/ Miss	Relationship
Address			
		Post Code	

Telephone Numbers	1 Home	2 Work (Please State Place of Work)	3 Mobile

Doctor		Telephone		
Name and Address of Surgery			Post Code	
Medical Information				
Special Dietary Needs				

Home Language		Ethnicity		Religion	
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Meal Arrangements	Free School Meals	Eligible for Free School Meals	Yes / No	Travel Arrangements	Walk
	Paid School Meals				Bicycle
	Sandwiches				Car
	Home				Taxi
	Other				School Bus

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 ELB and with the Department of Education.

Signature	
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For Office Use	Date of Admission To School:
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