

DATA COLLECTION SHEET
Please complete, 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:	

Please give details of all persons who have **Parental Responsibility.**

Priority	Name/Relationship	Home Address/Phone/Mobile/Email	Work Address/ Phone	
		Tel. Home Mobile: Email:	Tel:	Please confirm your consent to mobile number and email address being used for school communications, via 3 rd party software. Text Yes/No Email Yes/No Text Yes/No Email Yes/No
		Tel: Home Mobile: Email:	Tel:	Text Yes/No Email Yes/No
		Tel: Home Mobile: Email:	Tel:	Text Yes/No Email Yes/No
Priority	Name/Relationship of <u>other additional</u> emergency contacts.			
		Home Address/Phone/Mobile		
		Home Address/Phone/Mobile		

Please advise school if at any time a Private Fostering arrangement is put into place. This is where a child under 16 (under 18, if disabled) is looked after for 28 days or more by an adult who is not a close relative; a close relative is; a parent, step-parent, aunt,

uncle or grandparent. Children & Families Services have a legal requirement to ensure children being looked after in such an arrangement have their welfare safeguarded and to check the suitability of the adults looking after them.

Travel Arrangements
Please tick the appropriate choice
<input type="checkbox"/> Bicycle <input type="checkbox"/> School Bus <input type="checkbox"/> Car/Van <input type="checkbox"/> Walk <input type="checkbox"/> Taxi <input type="checkbox"/> Public Bus Service <input type="checkbox"/> Car Share
<input type="checkbox"/> Train <input type="checkbox"/> Other

Dietary Needs
Meal Arrangement
Please tick the appropriate choice
<input type="checkbox"/> Universal Infant Free School Meal <input type="checkbox"/> Free School Meal <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Sandwiches <input type="checkbox"/> Home

It is very important to register eligibility for Free School Meals whether your child has a school meal or not, as this generates Pupil Premium funding, to support your child.

Medical Practice:
Address:
Telephone Number:

Medical Condition(s)

Medical Note(s)

Home School Agreement, including Use of Images consents
Signed and returned on: _____ Date: _____
The school is registered under the General Data Protection Regulation/Data Protection Act 2018 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. Please see Pupil Privacy Notice available on our website or a paper copy can be provided if required.
Signature: _____ Date: _____