

Pupil Data Collection Form

Pupil Personal Information

Legal Surname		<u>Preferred Surname</u>	
Legal Forename		Preferred Forename	
MIDDLE NAMES		Gender	Male/female
BIRTH CERTIFICATE SEEN?		Date of birth	
HOME ADDRESS Including post code			

PARENT INFORMATION – MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes/No		
HOME ADDRESS Including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes/No		
HOME ADDRESS Including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. Step parent, or parent's partner) if so please provide their details below, indicating if they have a 'parental responsibility', continue on a separate sheet if necessary

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes/No		
HOME ADDRESS Including post code					
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

CONTACT INFORMATION – IN PRIORITY ORDER attach an extra sheet if necessary

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information,
Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.

Please provide below the names (in order of preference) of at least two people who can be contacted by school in an emergency, underlining the main contact number. (Repeat information from overleaf if necessary)

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
ADDRESS					
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
ADDRESS					
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
ADDRESS					
RELATIONSHIP TO CHILD					

MEAL TYPE (please circle only one) School Meal (paid) Free School Meal Packed Lunch

Any special dietary requirements _____

MEDICAL INFORMATION –

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
Does your child have any medical conditions/disabilities?			YES/NO
Asthma	Anaphylaxis	Diabetes	Eczema
			Epilepsy
			Other:
<i>If yes, please complete Medical form 1 available from the school office</i>			

MODE OF TRAVEL (one most often used) Car/Walk/Cycle: other please specify

ETHNICITY: _____ RELIGION _____

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES/NO

IF NO, PLEASE INDICATE LANGUAGE SPOKEN _____

PREVIOUS SCHOOL/NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)

Previous school, nursery etc	
From	/ / To: / /

Do you give permission for your child's photograph to be used in school Publications (including our website) and also in the local press. YES/NO

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW.

Signature _____ Date _____

Name (please print) _____ Relationship to child _____

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