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**Singleton Church of England Primary School**

# **Data Collection Form**

Please complete, sign and return to school if you are new to school or if you have any changes to your child’s current details held by school. Please note if you co-parent there is an expectation from school that all the information on this form is agreed by both parties.

1. **Pupil Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal surname |  | **Preferred surname** |  |
| Legal forename |  | Preferred forename |  |
| Middle name |  | Gender |  |
| Birth Certificate seen (Y/N) |  | Date of birth |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone |  | | |

1. **Details of siblings in school**

|  |  |
| --- | --- |
| Name(s) of sibling(s) | Class/Year |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Parent information**

If there is any other person who can be deemed a ‘parent’ and therefore may collect children form school, or be told information about a child by a member of staff on collection etc. (e.g. Stepparent, or parent’s partner) Please provide their details below, by doing this you are indicating that there is an agreed ‘parental responsibility’, continue a separate sheet if necessary.

* 1. **Details of the Pupils Parent / Carer 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone Number |  | Mobile telephone Number |  |
| Work telephone number |  | Email address |  |
| Live court orders/ or parental responsibility information |  | | |
|

* 1. **Details of the Pupils Parent / Carer 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone Number |  | Mobile telephone Number |  |
| Work telephone number |  | Email address |  |
| Live court orders/ or parental responsibility information |  | | |
|

* 1. **Details of any other person/s who can be deemed a ‘parent’**

**(PLEASE FILL IN ONLY IF APPROPRIATE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone Number |  | Mobile telephone Number |  |
| Work telephone number |  | Email address |  |
| Live court orders/ or parental responsibility information |  | | |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone Number |  | Mobile telephone Number |  |
| Work telephone number |  | Email address |  |
| Live court orders/ or parental responsibility information |  | | |
|

**3.4 Parent/Guardian and Emergency Contact Information**

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. The contact information will be used to text/ email/ phone or write to you.

Pupil data is 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).

**Contact Priority No. 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone number |  | Mobile telephone number |  |
| Work telephone number |  | Email address |  |

**Contact Priority No. 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone number |  | Mobile telephone number |  |
| Work telephone number |  | Email address |  |

**Contact Priority No. 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone number |  | Mobile telephone number |  |
| Work telephone number |  | Email address |  |

**Contact Priority No. 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Forename |  |
| Surname |  | Date of birth |  |
| Parental responsibility |  | | |
| Address |  | | |
| Town |  | Postcode |  |
| Home telephone number |  | Mobile telephone number |  |
| Work telephone number |  | Email address |  |

1. **Other details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Travel Arrangements (Please tick)** | | | | | |
| Bicycle | Bus | Car/ Van | Walk | Taxi | Car Share |
|  |  |  |  |  |  |
| **Meal Arrangements (Please tick)** | | | | | |
| *Free School Meal* | *Infant Universal Free school meal* | *Paid School Meal* | *Packed Lunch* | *Any other information regarding dietary needs* | |
|  |  |  |  |  | |

1. **Medical Information of the pupil**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of General Practitioner (GP) | | |  | | | Name and address of GP practice | | |  | | | |
| Does your child have any medical conditions/disabilities**? YES/NO** | | | | | | | | | | | | |
| Asthma |  | Anaphylaxis | |  | Diabetes |  | Ecezma |  | | Epilepsy |  | Other: |
| If yes, please complete Medical Form 1 available from the school office | | | | | | | | | | | | |

1. **Educational history**

**Name(s) & Address(es) of Previous School(s) / nursery**

|  |  |  |
| --- | --- | --- |
|  | Name | Address |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**Demographic information**

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity |  | Religion |  |
| Home Language | First Language | Other Language(s) | |

**I NOTE AND UNDERSTAND THAT ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW.**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name (please print)** |  |
| **Date** |  |
| **Relationship to child** |  |