

DATA COLLECTION SHEET

Please check that the information below is correct.
Complete any missing details, and return to the school office.

Surname: Forename: Chosen name: Date of Birth:	Legal Surname: Middle name: Gender: Reg Group:
Year:	

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 for them to be contacted in an emergency. (Please continue overleaf if necessary).

Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:
3		Tel: Mobile:	Tel: Email:

Travel Arrangements	Car/Van
If the above information is incorrect, please tick the appropriate choice	
☐ Bicycle	☐ Train
☐ London Underground	☐ Public Bus Service
☐ Car/Van	☐ Walk
☐ Taxi	☐ School Bus
☐ Metro/Train/Light Rail	☐ Car Share
☐ Other	
Route	

Dietary Needs Dietary Preferences Meal Arrangement						
If the above information is incorrect, please tick the type of meal to have for each day of the week below.						
Type of meal	Mon	Tue	Wed	Thu	Fri	
School Meal						
Packed Lunch						
Home						

Medical Practice: Address: Telephone Number:

Medical Condition(s)

Medical Note(s)

Ethnicity : Home Language:	Religion:
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 DCSF.	
Signature:	Date:

