

Data Collection Sheet

Please ensure that all relevant boxes are completed. Please provide us with a minimum of two people and their contact details for emergencies. Thank you.

Child's Legal Surname:		Child's Surname: (if different)	
Forename:		Middle name:	
Chosen name: (If different)		Gender:	
Date of Birth:		Class:	
Home Address:			
Post Code:		Home Telephone:	

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 give a minimum of 2 contacts.**

Priority ? Please circle	Name/Relationship to child	Home Address/Phone/Mobile	Work Address & Phone (Including department or extension if applicable)
1 Or 2	<u>MOTHER / GUARDIAN</u> Full Name:	Home Address:	Work Address:
	Parental responsibility: Yes / No	Tel: Mobile: Email:	Work Tel:
1 Or 2	<u>FATHER / GUARDIAN</u> Full Name:	Home Address:	Work Address:
	Parental responsibility: Yes /No	Tel: Mobile: Email:	Work Tel:
3	Full Name:	Home Address:	Work Address:
	Relationship with child:	Tel: Mobile: Email:	Work Tel:
4	Full Name:	Home Address:	Work Address:
	Relationship with child:	Tel: Mobile: Email:	Work Tel:

GP Name and Surgery	
Address:	
Telephone Number:	

Medical Conditions:
Disabilities:
Dietary Requirements:

Ethnicity:		Religion:	
Home Language:		Child First Language:	
Mother First Language		Father First Language	
Forces Family	Yes / No	NHS Number	

GDPR Act 2018: 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 DfE.

Signature:	Date:
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