

Data Collection Sheet

Complete all details, and return to the school office.

Surname: Forename: Chosen Name: Date of Birth: Address: Postcode: Telephone: Email:	Legal Surname: Middle name: Gender: Reg Group: Year:
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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.

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

Travel Arrangements

Please tick the appropriate choice:

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Walk	<input type="checkbox"/> Taxi	<input type="checkbox"/> School Bus	<input type="checkbox"/> Car Share
<input type="checkbox"/> London Underground	<input type="checkbox"/> Public Bus Service	<input type="checkbox"/> Metro/Train/Light Rail	<input type="checkbox"/> Other			

Dietary Needs:

Dietary Preferences:

Meal Arrangement:

Type of meal	Mon	Tues	Weds	Thurs	Fri
School Meal					
Packed Lunch					
Home					

Medical information:

Practice Name

Address

Telephone Number

Medical Condition(s):

Medical Note(s):

Disabilities:

Ethnicity:

Religion:

First Language:

Home Language:

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 DfE.

Signature:

Date: