Data Collection Sheet

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

Surname:		**Legal Surname:**
Forename:		**Middle name:**
Chosen name:		**Gender:**
Date of Birth:	**Year:**	**Reg Group:**
Address:		
Post Code:		
Telephone:		
Email:		

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		**Tel:** **Mobile:**	**Tel:** **Email:**
2		**Tel:** **Mobile:**	**Tel:** **Email:**

Travel Arrangements
If the above information is incorrect, please tick the appropriate choice
☐ Car   ☐ Taxi   ☐ Walk   ☐ Other

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 :

Religion:

Home Language:

Data Protection: The school is registered with the ICO 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:**