



Data Collection Sheet

Surname: Forename: Chosen name: Date of Birth: Address: Post Code: Telephone: Email:	Year:	Legal Surname: Middle name: Gender: Reg Group:
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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/Fax	Work Address Phone/Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:
3		Tel: Mobile:	Tel: Email:

Travel Arrangements

Please tick the appropriate choice

Bicycle
 Car/Van
 Walk
 Taxi
 School Bus
 Public Bus

Dietary Needs

Meal Arrangement

Please tick the appropriate choice

Free School Meal
 Paid School Meal
 Sandwiches
 Home
 Other

Medical Practice:

Address:

Telephone Number:

Medical Condition(s):

Medical Note(s):

Parental Consent (please tick)

<input type="checkbox"/>	Copyright Permission	<input type="checkbox"/>	Internet Access	<input type="checkbox"/>	Photograph Student	<input type="checkbox"/>	Sex Education	<input type="checkbox"/>	Data Exchange	<input type="checkbox"/>	School Visit
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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 DfES.

Signature (parent/carer): _____ **Date:** _____