

DATA COLLECTION FORM ACADEMIC YEAR 2019—2020

To ensure the school has up to date and accurate information please complete the details below .

Please return the completed form to the main school office.

Pupils surname:	Legal surname:
Legal Forename:	Middle name:
Preferred name:	Gender:
Date of birth:	Class:
Home address:	Second address:
Post code:	Post code:

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order that you wish for them to be contacted in an emergency. We are required to have a minimum of 2 contacts.

1st	Name:	Relationship:	Home address:	Tel: Mobile:
2nd	Name:	Relationship:	Home address:	Tel: Mobile:
3rd	Name:	Relationship:	Home address:	Tel: Mobile:
4th	Name:	Relationship:	Home address:	Tel: Mobile:

How do you travel to school? Please tick the appropriate choice

Walk
 Bicycle
 Car/Van
 Taxi
 Bus
 Train
 Other

Dietary Needs:

Dietary Preferences:

Medical Practice:

Telephone Number:

Address:

Medical Condition(s):

Disabilities:

Ethnicity:

Religion:

Home Language:

First 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. Should you wish to view our privacy notice please visit the schools web site.

Signature:

Date: