

**Data Collection Sheet**  
Please complete the following information and return to the school office

<b>Legal Surname:</b>					<b>Preferred Surname:</b>	
<b>Legal Forename:</b>					<b>Preferred Forename:</b>	
<b>Middle Name:</b>					<b>Gender:</b>	
<b>Date of Birth:</b>	<b>Religion:</b>	<b>Ethnicity:</b>	<b>Nationality:</b>	<b>Country of Birth:</b>	<b>Languages spoken at home:</b> 1 <sup>st</sup> Lang: Others:	
<b>Address:</b>						
<b>Post Code:</b>						
<b>Previous school (s):</b>						

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 to child (Parent, grandparent, carer etc)	Emergency contact details:	Home address:
1	<b>Name:</b>	<b>Home:</b>	
		<b>Mobile:</b>	
	<b>Relationship:</b>	<b>Work:</b>	
		<b>Email Address:</b>	
<b>Parental responsibility: Y/N</b>			
2	<b>Name:</b>	<b>Home:</b>	
		<b>Mobile:</b>	
	<b>Relationship:</b>	<b>Work:</b>	
		<b>Email Address:</b>	
<b>Parental responsibility: Y/N</b>			
3	<b>Name:</b>	<b>Home:</b>	
		<b>Mobile:</b>	
	<b>Relationship:</b>	<b>Work:</b>	
		<b>Email Address:</b>	
<b>Parental responsibility: Y/N</b>			

**PLEASE TURN OVER**

<b>GP Name &amp; Address:</b>	
<b>Telephone Number:</b>	

**Medical condition(s) E.g. asthma, epilepsy, allergies. Please also give details of how this impacts on your child in school, any medication, if they attend regular medical appointments etc.**

**Hearing impairment Yes/No (If yes please give details)**

**Visual impairment including colour blindness Yes/No (If yes please give details)**

**Special Educational Needs**

**Does your child have any diagnosed SEN, e.g. dyslexia, dyspraxia, ASD, etc.? If so, please include details and also attach copies of relevant paperwork.**

**In case of emergency I authorise school to administer paracetamol for mild pain relief for headache, toothache or period pain:**

**Yes / No (please circle)**

**Meal Arrangement/Dietary Needs:**  
Please tick the appropriate choice below:

<input type="checkbox"/>	<input type="checkbox"/>	Free School Meal	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches
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Agree that my/our child's photograph or moving image may be taken for use in displays around the school, for the school magazine, prospectus and other publications, for press articles and for displays on the school website , Twitter account and School App **Y/N (please circle)**

Give this written consent for my/our child's biometric data (fingerprint) to be used in our automated recognition systems (e.g. when paying for school meals or loaning a book from the library) **Y/N (please circle)**

**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.

<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Relationship to child:</b>	