

STUDENTS DATA COLLECTION SHEET

Students Details

Surname: _____ Forename/s: _____
 Gender: _____ Year Group: _____
 Date of Birth: _____
 House Name/ No: _____ Town: _____
 Street: _____ Postcode: _____

Contact details (1)

Title (Mr, Mrs, Miss, Ms, Dr, Rev) _____ Forename: _____
 Surname: _____
Tick box if Address is same as above
 House Name/ No: _____ Flat No: _____
 Street: _____
 Town: _____
 Postcode: _____
 Mobile Number: _____ Telephone Number: _____
 Relationship to Student: _____ Work Number: _____
 Parental Responsibility: Yes No Email: _____

Contact details (2)

Title (Mr, Mrs, Miss, Ms, Dr, Rev) _____ Forename: _____
 Surname: _____
Tick box if Address is same as above
 House Name/ No: _____ Flat No: _____
 Street: _____
 Town: _____
 Postcode: _____ Telephone Number: _____
 Mobile Number: _____ Work Number: _____
 Relationship to Student: _____ Email: _____
 Parental Responsibility: Yes No

Name/s to whom correspondence should be addressed:

Other Contact (only if required)

Title (Mr, Mrs, Miss, Ms, Dr, Rev) _____
 Full Name: _____
 Telephone: _____ Mobile Number: _____
 Work Number: _____ Relationship to Student: _____

General Data Protection Regulation (GDPR)

By signing this I agree to Teddington School holding and using my personal information, and that of my child(ren), for purposes relating directly to the normal operation of the school.

Signature: _____ **Date:** _____

Name (Block Capitals): _____