**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/Fax** | **Work Address Phone/Email** |
| 1 |  | **Tel:**  **Mobile:** | **Tel:**  **Email:** |
| 2 |  | **Tel:**  **Mobile:** | **Tel:**  **Email:** |
| 3 |  | **Tel:**  **Mobile:** | **Tel:**  **Email:** |

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| **Travel Arrangements** | | | | |  | | | | | | | | | | | |
| If the above information is incorrect, please tick the appropriate choice | | | | | | | | | | | | | | | | |
|  |  | Bicycle |  | Train | |  | Car/Van |  | Walk |  | Taxi |  | School Bus |  | Car Share |  |
|  |  | London Underground | | | |  | Public Bus Service | | |  | Metro/Train/Light Rail | | |  | Other |  |
|  | | | | | | | | | | | | | | | | |
| **Route** | | | | |  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | |  |  |  |  |
|  | | | | | | | | |

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| --- | --- | --- |
| **Medical Practice** | **Address** | **Telephone Number** |
|  |  |  |
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| **Medical Condition(s)** |
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| --- |
| **Medical Note(s)** |
|  |

|  |
| --- |
| **Disabilities** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity:** |  | **Religion:** | |  |
| **Home Language:** |  | **First Language:** | |  |
| **Country of Birth:** |  | **Nationality:** | |  |
| The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)  The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education | | | | |
| **Signature:** | | | **Date:** | |