

DATA COLLECTION SHEET

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:		number of children in family:	position in family (ie: 1 is eldest):
Address:			
Post Code:		Names of parents/carers:	
Telephone:			
Email:			
Nursery/preschool attended (if any)			

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: Email:	Tel: Email:
2		Tel: Mobile: Email:	Tel: Email:
3		Tel: Mobile: Email:	Tel: Email:

Travel Arrangements:	Walk	<input type="checkbox"/>	Car	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Car share	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Special Dietary Needs:	
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Meal Arrangement	School Meal	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>	
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Medical Practice:	
Address:	
Telephone Number:	

Medical Information:	
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Disabilities:	
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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 DCSF.

Signature:		Date:	
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