## **Data Collection Sheet**

We need to update our records and ensure that the contact details that we hold for your child are correct. Please complete and return the sheet below as soon as possible.

						1				
Surname:		Legal Surname:								
Forename:		Middle name:		ame:						
Chosen name:			T		Gender:		1			
Date of Birth:			Year:		R	eg 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. Please make the information as full as possible eg extension numbers if we call a switchboard first, for example. <b>Please write on the back of the sheet if you need more room.</b> Place them in the order that you wish for them to be contacted in an emergency.										
Priority Name	Priority Name/Relationsh		Home Address/Phone/Mobile		oile/Fax	Work Addre	ess Phone/Email			
Contact										
Second Contact										
Third Contact										
Travel Arrang			0.04	01						
Bicycle Is your child allo	Walk			r Share	e   O	ther				
is your crilid allo	wed to go	Tione	alone: res inc	,						
Dietary Needs	 S									
Meal Arrangement		Please tick <b>all</b> that apply below.								
Free School Meal		Paid School Meal Sandwiches Home Other								
		ı								
Medical Pract	ice:									
Address:										
Telephone Number:										
NHS Number										
Medical Condition(s):										
Medical Note(	(s):									
Does your child wear glasses?  Use a hearing aid?										
	Does your child see any medical services regularly eg speech therapy, paediatrician, health visitor etc? Please give details									
Ethnicity :	I									
Home Language:		Religion:								
		a cohool in	registered under the			holding porcenal	data. The school has a			
<b>Data Protection Act 1998:</b> 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:								