

# Data Collection Sheet

Legal Forenames \_\_\_\_\_ Legal Surname \_\_\_\_\_

Preferred Forename \_\_\_\_\_ Preferred Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

## Emergency Contact Numbers

Priority	Name & Relationship	Address	Phone	
1			Home  Work	Mobile
2			Home  Work	Mobile
3			Home  Work	Mobile
4			Home  Work	Mobile

## Medical Information

Medical Practice:

Medical Conditions

Medical Notes

### Travel Arrangements

(please tick the appropriate choice)

Bus	
Car	
Bike	
Walk	
Other	

### Dietary Needs

(please tick the appropriate choice)

Free School Meal	
Paid School Meal	
Sandwiches	

### Ethnicity

Home Language	
Ethnicity	
Religion	

**Parent/Guardian:** I agree for my child's details to be shared with the relevant school staff. If you have any special needs when visiting the school can you please list them below: or contact the school directly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 DfES