

DATA COLLECTION SHEET

**Please check that the information below is correct.
Complete any missing details, and return to the school office.**

Surname: Forename: Chosen name: Date of Birth: Address: Post Code: Telephone: Email:	Year:	Legal Surname: Middle name: Gender: Reg Group:
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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:
4		Tel: Mobile:	Tel: Email:

Travel Arrangements

If the above information is incorrect, please tick the appropriate choice

- | | | | | | | |
|---|---|---|--------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Train | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Walk | <input type="checkbox"/> Taxi | <input type="checkbox"/> School Bus | <input type="checkbox"/> Car Share |
| <input type="checkbox"/> London Underground | <input type="checkbox"/> Public Bus Service | <input type="checkbox"/> Metro/Train/Light Rail | <input type="checkbox"/> Other | | | |

Route

Dietary Needs

Dietary Preferences

Meal Arrangement

School Meal (Mon), School Meal (Tue), School Meal (Wed), School Meal (Thu), School Meal (Fri)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packed Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Practice	Address	Telephone Number 5
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Medical Condition(s)

Medical Note(s)

Disabilities

Ethnicity:	First Language:
Religion:	Home Language:
<p>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 DfE.</p>	
Signature:	Date: