

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: Year: Address: Post Code: Telephone: Email:	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			
2			
3			
4			

Dietary Needs Dietary Preferences Allergies
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Medical Practice: Address: Telephone Number:

Medical Condition(s)

Medical Note(s)

Disabilities

Ethnicity: Religion:	First Language: Home Language:
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: