**Data Collection Sheet**

Please complete the information below and return to the school office

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME: |  | LEGAL SURNAME: |  |
| FORENAME: |  | MIDDLE NAMES(S): |  |
| CHOSEN NAME: |  | GENDER: |  |
| DATE OF BIRTH: |  | YEAR GROUP: |  |
| ADDRESS: |  |
| POSTCODE: |  | CLASS: |  |
| EMAIL: |  | PHONE: |  |

Please give details of all persons who have parental responsibility (PR) and anyone else you wish to be contacted in an emergency. **Please ensure for any third party information you provide (emergency contacts) that you have their permission to share their personal information with us.**

Please record them in the order you wish for them to be contacted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PR?****Y/N** | NAME | RELATIONSHIP | CONTACT DETAILS |
| ADDRESS(if different from above) | Phone |
| 1 |  |  |  |  | Home:Mobile:Work: |
| 2 |  |  |  |  | Home:Mobile:Work: |
| 3 |  |  |  |  | Home:Mobile:Work: |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| DOCTOR: |  |
| SURGERY ADDRESS: |  |
| PHONE NUMBER: |  |
| MEDICAL INFORMATION: |  |

**ADDITIONAL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| DIETARY NEEDS: |  | RELIGION: |  |
| ETHNICITY: |  | HOME LANGUAGE: |  |

The school is registered under the General Data Protection Regulations (GDPR) for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of this data with the Local Authority and DFE.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian with legal responsibility for the child named)