

Pupil Data Collection Sheet
Please complete all details below and return to the school office

Surname: _____	Forename: _____
Chosen Name: _____	Middle Name: _____
Date of Birth: _____	School Year Group _____
Address: _____	
Telephone No. _____	
Postcode: _____	

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	Tel No./Mobile	Work Address Phone
1		Tel: _____	Address _____
		Mobile _____	Tel: _____
2		Tel: _____	Address _____
		Mobile: _____	Tel: _____
3		Tel: _____	Address _____
		Mobile: _____	Tel: _____
4		Tel: _____	Address _____
		Mobile: _____	Tel: _____

Ethnicity: _____	Religion: _____
Home Language: _____	First Language: _____
Country of Birth: _____	Nationality: _____

Doctor's Address: _____	Telephone No. _____
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Medical Condition(s): Please list any medical conditions we should be made aware of.
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Dietary Requirement(s): Please list any dietary requirements we should be made aware of. (i.e. Vegetarian/Gluten Free/Dairy Free)
Dietary Needs: _____
School Meal: _____ Packed Lunch: _____

Please turn over....

Travel Arrangement:

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

☐ Bicycle ☐ Train ☐ Car ☐ Walk ☐ Taxi ☐ School Bus ☐ Other
☐ Car Share ☐ Public Bus Service ☐ Metro/Train/Light Rail

Route _____

Adults who are allowed to collect your child from school

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:

Photography

Occasionally, we may take photographs of the children in our school. We use these images as part of our school displays, on the school website and sometimes in other printed publications like the school newsletter or the local newspaper.

To comply with the Data Protection Act 1988, we need your permission before we can photograph or make any recordings of your child. Please could you answer the questions below.

I give permission for my child's photograph to be used within school for display purposes Yes ☐ No ☐

I give permissions for my child's image to be used on our website and in school publications. Yes ☐ No ☐

I give permission to appear in the media i.e. local newspaper Yes ☐ No ☐

School Newsletter

In line with our school sustainability agenda we would like to encourage everyone to sign up to receive the weekly school newsletter via email rather than a paper copy. Please could you indicate your preference below:

I would like to receive the school newsletter via: Email ☐ Paper Copy ☐

Please confirm email address to be used: _____

Data: Protection Act 1988: The school is registered under the Data Protection Act 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 the data with the Local Authority and the DfE.

Parent / Guardian Signature: _____ Date: _____