

DATA COLLECTION SHEET

Please complete the information below as it is very important we have the correct details for your child in case of emergency. Please return to the school office.

Surname: Forenames: Chosen Name: Date of Birth: Home Address
Post Code: Telephone: Email:

Parent/Carers Details

Please give details of all persons who have **parental responsibility** .Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Home Address (if different to pupil)	Work Address
		Tel: Mobile:	Tel: Email:
Priority	Name/Relationship	Home Address (if different to pupil)	Work Address
		Tel: Mobile:	Tel: Email:

Please state any other persons you wish to be contacted in an emergency

Priority	Name/Relationship	Telephone No's
Priority	Name/Relationship	Telephone No's

Social Worker's name & Telephone No	
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Dietary Needs	
Meal Arrangement	School Meal / Free School Meal / Packed Lunch (please delete appropriately)

Medical Practice: Address:
Telephone Number:

Date of last tetanus injection:

Ethnicity :

Home Language:

Religion:

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: