## **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.

| 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 work Address pupil)  Tel: Mobile: Tel: Mobile: Email:  Priority Name/Relationship Home Address (if different to work Address pupil)  Tel: Mobile: Email:  Priority Name/Relationship Home Address (if different to work Address pupil)  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  Dietary Needs  Meal Arrangement School Meal / Free School Meal / Packed Lunch (please delete appropriately) | 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  |
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| Medical Practice:  | name & Telephone No  Dietary Needs  Meal Arrangement School Meal / Free School Meal / Packed Lunch   |
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## 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: