

### Data Collection Sheet

Please ensure that all relevant boxes are completed. Please provide us with a minimum of two people and their contact details for emergencies. Thank you.

Child's Legal Surname:		Child's Surname: <i>(if different)</i>	
Forename:		Middle name:	
Chosen name: <i>(If different)</i>		Gender:	
Date of Birth:		Class:	
Home Address:			
Post Code:		Home Telephone:	

**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.) **Please give a minimum of 2 contacts.**

Priority ? Please circle	Name/Relationship to child	Home Address/Phone/Mobile	Work Address & Phone (Including department or extension if applicable)
1  Or  2	<u><b>MOTHER / GUARDIAN</b></u>  Full Name:    Parental responsibility: Yes / No	Home Address:    Tel:  Mobile:  Email:	Work Address:    Work Tel:
1  Or  2	<u><b>FATHER / GUARDIAN</b></u>  Full Name:    Parental responsibility: Yes /No	Home Address:    Tel:  Mobile:  Email:	Work Address:    Work Tel:
3	Full Name:    Relationship with child:	Home Address:    Tel:  Mobile:  Email:	Work Address:    Work Tel:
4	Full Name:    Relationship with child:	Home Address:    Tel:  Mobile:  Email:	Work Address:    Work Tel:

<b>GP Name and Surgery</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

<b>Medical Conditions:</b>
<b>Disabilities:</b>
<b>Dietary Requirements:</b>

<b>Ethnicity:</b>		<b>Religion:</b>	
<b>Home Language:</b>		<b>Child First Language:</b>	
<b>Mother First Language</b>		<b>Father First Language</b>	
<b>Forces Family</b>	Yes / No	<b>NHS Number</b>	

**GDPR Act 2018:** 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 DfE.

<b>Signature:</b>	<b>Date:</b>
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