

Data Collection Form

Please complete the details below and return this form to your child's teacher as soon as possible

Preferred Surname:	Legal Surname: (if different)	
Legal Forename:	Middle name:	
Preferred Forename:	Gender:	Male / Female
Date of Birth:	Brother/Sister in School	Yes / No
Name(s) of Brother/Sister(s)		
Address: <small>(Must include House Name or House Number)</small>		
		Post Code:

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.

Parent /Guardian		Relationship to Pupil e.g. Parent/Step-parent:		
Surname:		Forename:		Mr/Mrs/Ms Priority 1/2/3
Address:				Postcode:
Home Tel:	Email:	Work Tel:	Mobile:	
Parent /Guardian		Relationship to Pupil e.g. Parent/Step-parent:		
Surname:		Forename:		Mr/Mrs/Ms Priority 1/2/3
Address:				Postcode:
Home Tel:	Email:	Work Tel:	Mobile:	
Other Contact		Relationship to Pupil e.g. Grandparent/Childminder:		
Surname:		Forename:		Mr/Mrs/Ms Priority 1/2/3
Address:				Postcode:
Home Tel:	Email:	Work Tel:	Mobile:	
Mobile Number for Texting Service:				
Meal Arrangements (Circle appropriate choice below)				Eligible for Free Meals Yes/No
Free School Meal	Paid School Meal	Sandwiches	Home Other	
Medical Practice:			Telephone:	
Address of Medical Practice:				
Medical Information:				
Special Dietary Needs:				
Ethnicity (See overleaf):		Home Language (See overleaf):		Religion (See overleaf):
Travel Arrangements (Circle appropriate choice below)				Bus Route (if applicable)
Bicycle	Train	Walks	Car Taxi School Coach Public Transport	
Previously registered with a Sure Start project (Circle appropriate choice)				Yes No Do not know
Attended a Sure Start Programme for 2-3 year olds (Circle appropriate choice)				Yes No Do not know
Previous School:			Date of Admission:	
Reason for Leaving:			Date of Leaving:	

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 Education Authority and with the Department of Education.

Signature:	Date:
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FOR OFFICE USE	Date of Admission to School:	Class:	Data entered:
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