

Pupil Data Collection Form

PUPIL PERSONAL INFORMATION

LEGAL SURNAME			
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	___/___/___
HOME ADDRESS including post code			

PARENT INFORMATION

* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary

Please provide below the names of at least two people who can be contacted by school in emergency, underlining the main contact number. (Repeat information from overleaf if necessary)

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

MEAL TYPE (please circle one only) School Meal (paid) Free School Meal Packed Lunch

Any special dietary requirements _____

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
MEDICAL CONDITIONS:			

MODE OF TRAVEL (one most often used) Car / Walk / Cycle other please specify

ETHNICITY _____ **RELIGION** _____

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES / NO

IF NO, PLEASE INDICATE LANGUAGE SPOKEN _____

PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)

Previous School, Nursery etc				
From	/	/	To:	/ /

Do you give permission for your child's photograph to be used in school publications (including our website) and also in the local press. YES/ NO

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW

Signature _____ **Date** _____

Name (please print) _____ **Relationship to child:** _____

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.