Pupil Data Collection Form

This form should be completed by parents or by those who have parental responsibility or day to day care of the child. Please keep school informed of any changes to this information such as new mobile telephone numbers, changes of address, etc.

PUPIL INFORMATION

Legal surname		Legal forename			
Middle name(s)		Preferred forename			
Date of birth		Sex	Female / Male		
Ethnicity		Religion			
First language		Usual mode of travel	Walk / Cycle / Car		
Home address, including postcode (where child normally resides)		Names and dates of birth of siblings, including step-siblings			
Lunch meal type (please circle one only)	Universal Free School Meal Free School Meal Packed Lunch	Special dietary requirements			
Doctor's name, address and telephone number		Previous schools and nursery			
Any other relevant information: medical conditions (allergies, asthma, etc), disability, Social Care, Legal Orders, etc					
Medical Including Allergies		Legal			
Social Care and other agencies		Other			

PARENT INFORMATION: MOTHER (Please underline the main contact telephone number)

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes / No
Does this person have parental responsibility?	Yes / No	Is this person an emergency contact?	Yes / No
Telephone numbers	Home:	Mobile:	Work:

PARENT INFORMATION: FATHER (Please underline the main contact telephone number)

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes / No
Does this person have parental responsibility?	Yes / No	Is this person an emergency contact?	Yes / No
Telephone numbers	Home:	Mobile:	Work:

If there are any other persons who have parental responsibility or can be deemed a 'parent' (eg step parent, or parent's partner), please provide details below. Please underline the main contact telephone number. Continue on a separate sheet if necessary (ie more than one additional person with parental responsibility, etc).

•	• •	•	• • • •
Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes / No
Does this person have parental responsibility?	Yes / No	Is this person an emergency contact?	Yes / No
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:
Please provide below the	DNTACTS – IN PRIORITY On names of any other people who identified overleaf, or frien	ho can be contacted by sc	
Surname		Forename	
Relationship to child		Can this person collect the child from school?	Yes / No
Telephone numbers	Home:	Mobile:	Work:
Surname		Forename	
Relationship to child		Can this person collect the child from school?	Yes / No
Telephone numbers	Home:	Mobile:	Work:
Surname		Forename	
Relationship to child		Can this person collect the child from school?	Yes / No
Telephone numbers	Home:	Mobile:	Work:
Names of any other people collect your child from sc			-
Names of any people who collect your child and rea			
Do you give permission for Facebook group?	or your child's photograph to	be used on the school	Yes / No
Name of person comple	ting this form	п	Pate

The school is registered under the Data Protection Act 2018 to keep the information submitted on this form. Pupil data is used for statutory returns to the Local Authority and the Department for Education. For information about how the school uses personal information please refer to the privacy notice displayed on the school website.

_____ Relationship to child _____