

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:

OTHER EMERGENCY CONTACTS – IN PRIORITY ORDER

Please provide below the names of any other people who can be contacted by school in an emergency (these may be family members, not identified overleaf, or friends). Please underline the main contact numbers.

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 who are permitted to collect your child from school	
Names of any people who are NOT permitted to collect your child and reasons for this	

Do you give permission for your child's photograph to be used on the school Facebook group?	Yes / No
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Name of person completing this form _____ Date _____

Signature _____ Relationship to child _____

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.