

**Data Collection Sheet**

We would be grateful if you would complete and return this form as soon as possible so that we may have accurate records of pupils in school. Emergency contact numbers are required in cases of accident or illness. Any changes to these details should be provided to School as soon as possible.

**PLEASE COMPLETE ALL SECTIONS** *(Sections in yellow are asked for on a voluntary basis)*

**PUPIL INFORMATION**

<b>Surname:</b>	<b>Forename:</b>
<b>Middle Name(s):</b>	<b>Chosen Forename:</b>
<b>Male/Female</b> (delete as appropriate)	<b>Date of Birth:</b>
<b>Home Address:</b>	
<b>Postcode:</b>	<b>Home Telephone Number:</b>

<b>Please indicate if any Parent/Carer serves in The Armed Forces:</b>	YES	No
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<b>If your child has been known by a previous surname please give details, indicating if the change of name has been made by legal process:</b>
<b>Previous Surname:</b>

**SIBLING LINKS**

<b>Please name any sibling links in the school:</b>			
<b>Name:</b> _____	<b>Year:</b> _____	<b>Name:</b> _____	<b>Year:</b> _____

**DIETARY NEEDS**

<input type="checkbox"/> Artificial Colouring Allergy	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> No Dairy Produce	<input type="checkbox"/> No Nuts of any Type/Quantity
<input type="checkbox"/> No Pork	<input type="checkbox"/> Seafood Allergy
<input type="checkbox"/> Vegetarian	
Please indicate any other foods that your child is allergic to (this information will be collated as part of taste testing consent):	

**MEAL AND SNACK REQUIREMENTS:** Packed Lunch  School Dinner

**PARENT/CARER INFORMATION** – In case of emergency, Parents/Carers will be contacted first, followed by each contact in turn thereafter if necessary. By providing the contact information on this form, it is assumed that you have sought permission from the individuals for school to hold their data. Data will only be used by those authorised to do so within school.

We use the Teachers2parents Text Messaging service to communicate with Parents/Carers via Text and Email. **PLEASE NOTE THIS SERVICE WILL ONLY SEND TEXTS AND EMAILS TO THE FIRST NAMED CONTACT ON THIS FORM.**

<b>CONTACT 1</b> (MR/MRS/MISS/MS) SURNAME:	FORENAME:	RELATIONSHIP TO PUPIL:
ADDRESS:   POSTCODE:	☎ HOME: _____ ☎ WORK: _____ ☎ MOBILE: _____ EMAIL: _____	
<b>CONTACT 2</b> (MR/MRS/MISS/MS) SURNAME:	FORENAME:	RELATIONSHIP TO PUPIL:
ADDRESS:   POSTCODE:	☎ HOME: _____ ☎ WORK: _____ ☎ MOBILE: _____ EMAIL: _____	

**OTHER CONTACTS:** Please provide extra contact details in order of preference in case we are unable to contact parents/carers

<b>CONTACT 3</b> (MR/MRS/MISS/MS) SURNAME:	FORENAME:	RELATIONSHIP TO PUPIL:
ADDRESS:   POSTCODE:	☎ HOME: _____ ☎ WORK: _____ ☎ MOBILE: _____ EMAIL: _____	
<b>CONTACT 4</b> (MR/MRS/MISS/MS) SURNAME:	FORENAME:	RELATIONSHIP TO PUPIL:
ADDRESS:   POSTCODE:	☎ HOME: _____ ☎ WORK: _____ ☎ MOBILE: _____ EMAIL: _____	

**MEDICAL INFORMATION**

Surgery: _____
Address: _____ Tel: _____
ANY MEDICAL CONDITIONS/DISABILITIES OR PERSONAL DETAILS WHICH YOU THINK WE SHOULD BE AWARE OF eg Asthma _____ _____
If necessary do you give permission for your child to have a plaster applied: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Preventative medicines (eg epipens, inhalers etc) can be held and administered in school with a parental agreement form. Prescribed medicine will only be administered if the dose of the medicine is at least four times per day and a parental agreement form is completed.</i>

**ETHNIC ORIGIN**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and **tick one box only** to indicate the ethnic background of the pupil named.

<b>White</b>	<b>Asian or Asian British</b>
<input type="checkbox"/> British	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Any other Asian background
	Other
<b>Mixed Black or Black British</b>	
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Caribbean
<input type="checkbox"/> White & Black African	<input type="checkbox"/> African
<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> <b>Any other ethnic background</b>	<input type="checkbox"/> <b>I do not wish an ethnic background to be recorded</b>

<b>First language spoken at home:</b>	_____
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<b>Religion:</b>	_____
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Signed: \_\_\_\_\_ Parent/Carer

Date: \_\_\_\_\_

**PARENT/CARER CONSENT FORM**

**I GIVE CONSENT FOR MY CHILD TO BE INCLUDED IN THE FOLLOWING AREAS OF SCHOOL LIFE.**

Please tick for consent.

**Trips and Visits**

I hereby give permission for my child to leave the school premises to attend local activities on foot during the academic year. I will inform the school in writing if I decide to revoke this permission. Parents/Carers will always be informed when children are leaving the school premises.

**Taste Testing**

I hereby give permission for my child to take part in any taste testing activities during the academic year. Any food allergy is listed in the Data Collection Form.

**Animal Handling**

I hereby give permission for my child to take part in any animal handling (Bearded Dragon, guinea pigs, chickens etc....)

**Parent/Carer Signature:**

**Date:**