

DATA COLLECTION SHEET

This form should be completed by parents or by those who have parental responsibility or day to day care of the child who attends St Mary's and St Benedict's RC Primary School.

Please keep school informed of any changes to this information such as new mobile telephone numbers, changes of address etc.

PUPIL DETAILS			
Surname:	Forename:	Middle Names:	Legal Surname:
Date of Birth:	Gender:	Sibling Names and Dates of Birth:	
Address:			
Postcode:			
Religion:	Ethnicity:	Country of Birth:	Home Language:
Birth Certificate seen:	Nationality on Passport:		
	Passport No:		
Previous Schools/Nursery:		Doctor's Name, Address and Telephone Number:	
Any other relevant information you need to provide: Details of medical conditions such as asthma, allergies etc, social worker/other agencies details, any Legal Orders etc (Please attach additional sheet if necessary).			
Medical:	Social:	Legal:	Other:
PARENT DETAILS			
<u>Please provide details of both parents whether your child lives with them or not</u>			
Title:	Mother's Name:	Date of Birth:	Parental Responsibility Yes/No
Address:	Home Tel No:	Any other information:	
	Mobile Tel No:		
Not known <input type="checkbox"/>	E-Mail Address:		
Title:	Father's Name:	Date of Birth:	Parental Responsibility Yes/No
Address:	Home Tel No:	Any other information:	
	Mobile Tel No:		
Not known <input type="checkbox"/>	E-Mail Address:		

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 delete as necessary)

<u>EMERGENCY CONTACTS/OTHER SIGNIFICANT ADULTS</u>			
Please provide details of any other adults who can be contacted in an emergency and/or are a significant adult in your child's life. These may be parents' partners, step-parents, grandparents, family friends etc			
Adult's Name:	Relationship to child:	Address:	Tel No:
Emergency Contact Yes/No		Can collect child from school Yes/No	

Adult's Name:	Relationship to child:	Address:	Tel No:
Emergency Contact Yes/No		Can collect child from school Yes/No	

Adult's Name:	Relationship to child:	Address:	Tel No:
Emergency Contact Yes/No		Can collect child from school Yes/No	

Please give names of any other people who are permitted to collect your child from school:

Please give names of any people who are NOT permitted to collect your child from school and the reasons for this:

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

Any special dietary requirements _____

Mode of Travel (one most often used) Car / Walk / Cycle (other please specify)

Please sign below to confirm that the information provided by you on this form is accurate and up to date and that this information can be shared with relevant agencies to assist in safeguarding your child.

Signed:

Name:

Relationship to child:

Date: