

Pupil Data Collection Form

Pupil Personal Information

Legal Surname		Preferred Surname	
Legal Forename		Preferred Forename	
Middle name(s)			
Gender	Male / Female	Date of Birth	/ /
Home Address including postcode			

Parent/Legal Guardian Information – please give details of **all** people who have parental responsibility.

Title		Forename		Surname			
Home Address including postcode							
Telephone numbers (Please underline the main contact number)	Home Mobile		Work (we will require this for our text messaging system)				
Email address							
Relationship to child		Priority order for contacting in emergency 1 st , 2 nd , 3 rd , 4 th		Permission to collect child from school	Yes /No	Parental responsibility	Yes / No

Title		Forename		Surname			
Home Address including postcode							
Telephone numbers (Please underline the main contact number)	Home Mobile		Work (we will require this for our text messaging system)				
Email address							
Relationship to child		Priority order for contacting in emergency 1 st , 2 nd , 3 rd , 4 th		Permission to collect child from school	Yes /No	Parental responsibility	Yes / No

Additional emergency contact information – in Priority Order (Please attach an extra sheet if necessary)

Title		Forename		Surname			
Home Address including postcode							
Telephone numbers (Please underline the main contact number)	Home Mobile		Work				
Relationship to child		Priority order for contacting in emergency 1 st , 2 nd , 3 rd , 4 th		Permission to collect child from school	Yes /No	Parental responsibility	Yes / No

Title		Forename		Surname			
Home Address including postcode							
Telephone numbers (Please underline the main contact number)	Home Mobile		Work				
Relationship to child		Priority order for contacting in emergency 1 st , 2 nd , 3 rd , 4 th		Permission to collect child from school	Yes /No	Parental responsibility	Yes / No

Medical

Surgery Name		
Surgery Address		
Surgery Phone Number		
Known Medical Condition of Child including allergies	Yes	No
Details of Medical Condition or Allergy		
Medication will be required in school	Yes Please complete a Parental Agreement for medication	No

Please circle the following choices as appropriate

Mode of Travel

Bicycle		Train	Walks	Car	Car (share with other children)	Taxi	Public Transport
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Meal Type

Free school meal	Paid school meal	Sandwiches	Home	Other
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Ethnicity

White-British	White-Irish	White – Traveller of Irish Heritage	White – Gypsy/Roma	Any other White background
Mixed – White & Black Caribbean	Mixed – White & Black African	Mixed – White & Asian	Any other mixed background	Indian
Pakistani	Bangladeshi	Any other Asian background	Caribbean	African
Any other Black background	Chinese	Any other ethnic background	I do not wish an ethnic background category to be recorded	

Religion

Anglican	Baptist	Christian	Hindu	Jewish	Methodist	Muslim
No Religion	Roman Catholic	Sikh	Unclassified	Other	United Reform Church	

Home Language

Bengali	Cantonese	English	Greek	Gudjurathi	Hindi	Italian
Punjabi	Portuguese	Romanian	Spanish	Turkish	Unclassified	Urdu
Other: (Please state)						

Country of birth	
Nationality	
EAL(English is a second language)	YES / NO

It is very important that you inform us immediately of any changes to this information

This information was provided by (please print)	
Relationship to the child	
Signature	
Date	

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.

Office use only

Birth certificate seen	
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