

STUDENT DATA COLLECTION SHEET

Complete student surname, forename and registration group then update other fields as necessary.
Complete any missing details, and return to the school office.

Surname: Forename: Chosen name: Date of Birth: Address: Post Code: Telephone: Email:	Legal Surname: Middle name: Gender: Reg Group: Year:
---	---

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship	Home Address/Phone/Mobile/Fax	Work Address Phone/Email
1			
2			

Travel Arrangements If the above information is incorrect, please tick the appropriate choice <input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Walks <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> School Coach <input type="checkbox"/> Public Transport Route
Dietary Needs Meal Arrangement If the above information is incorrect, please tick the appropriate choice <input type="checkbox"/> Free School Meal <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Sandwiches <input type="checkbox"/> Home <input type="checkbox"/> Other

Medical Practice: Address: Telephone Number:
Medical Condition
Medical Note

Ethnicity : Home Language:	Religion:
Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.	
Signature:	