

Please complete in capital letters.

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

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.

By providing this information, you confirm the individuals are aware they are listed as a contact and that their information has been shared with the Academy

Priority	Name/Relationship	Home Address/phone/mobile	Work Address/phone/email
1		Tel: Mobile: Email:	Tel: Email:
2		Tel: Mobile: Email:	Tel: Email:
3		Tel: Mobile: Email:	Tel: Email:

Travel Arrangements	Please tick the appropriate choice
<input type="checkbox"/> Bicycle <input type="checkbox"/> Train <input type="checkbox"/> Car/Van <input type="checkbox"/> Walk <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Car Share <input type="checkbox"/> Public Bus Service <input type="checkbox"/> Other	
Bus route	

Please turn over – data collection form continues overleaf

Special Dietary Needs:

Dietary Preferences:

Medical Practice

Address

Telephone Number

Medical Condition(s)

Medical Note(s)

Disabilities

Ethnicity:

First Language:

Religion:

Home Language:

Service Child : YES/NO

Ex Looked After Child : YES / NO

Adopted: YES/NO

Data Protection Act 2018: By providing us with this information you confirm that the individuals are happy for this information to be shared with the school. 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 DfE.

Signature:

Date: