

PUPIL DATA COLLECTION FORM

The information that you enter on this form is required for the efficient organisation of the school and the pupil's educational needs. General Data Protection Regulation: the school is required to conform to the GDPR 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 Education Authority and with DfE. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, will you please notify the school in writing or ask for another of these forms. Please fill in the form with your son/daughter's information.

Legal Surname Preferred surname (if applicable).....

Forenames Preferred forename (if applicable).....

Address

..... Post Code

Home Tel No Date of Birth Gender

Please give details of all persons who have any legal responsibility for this student and anyone else who could be contacted should an emergency arise. You may use the contact priority (1-4) to indicate the preferred order in which contacts should be attempted in an emergency. Relationships should be shown as Parent, Grandparent etc.

| FIRST CONTACT | |
|----------------------------------|--|
| Surname | |
| Title | |
| Forename | |
| Mobile Phone | |
| Work Phone | |
| Home Phone | |
| Home address | |
| | |
| Post Code | |
| Email | |
| Relationship | |
| Parental responsibility YES / NO | |

| SECOND CONTACT | |
|----------------------------------|--|
| Surname | |
| Title | |
| Forename | |
| Mobile Phone | |
| Work Phone | |
| Home Phone | |
| Home address | |
| | |
| Post Code | |
| Email | |
| Relationship | |
| Parental responsibility YES / NO | |

| THIRD CONTACT | |
|----------------------------------|-----------|
| Surname | |
| Title | |
| Forename | |
| Mobile Phone | |
| Work Phone | |
| Home Phone | |
| Home address | |
| | Post Code |
| Email | |
| Relationship | |
| Parental responsibility YES / NO | |

| FOURTH CONTACT | |
|----------------------------------|-----------|
| Surname | |
| Title | |
| Forename | |
| Mobile Phone | |
| Work Phone | |
| Home Phone | |
| Home address | |
| | Post Code |
| Email | |
| Relationship | |
| Parental responsibility YES / NO | |

| Second Copy of Report (eg where parents live at different address) to be sent to : | | | |
|--|----------------------------------|------------|--|
| Title | Surname | Forename | |
| Mobile Phone | | Work Phone | |
| Home Phone | | Email | |
| Home Address | | | |
| Post Code | | | |
| Relationship | Parental responsibility YES / NO | | |

Meal Arrangements – Please tick *one* box
 Free School Meal Paid School Meal Sandwiches

Dietary Needs (eg any allergies, vegetarian etc)
Medical Information

Name of Medical Practice

Address Tel No

Medical conditions or information that you wish the school to record
Travel Arrangements – Please tick *one* box. Please state route of train.
 Train Car Public Bus Service Dedicated School Bus Walk Taxi

| |
|--|
| Train Route used eg, Stourbridge Junction, Cradley Heath, Kidderminster etc |
| |

Ethnic Information – Please tick the appropriate boxes

| Ethnicity | ✓one | First Language | ✓one | Religion | ✓one |
|-----------------------------|------|------------------------|------|----------------|------|
| Any other Asian background | | Arabic | | Buddhist | |
| Any other Black background | | Bengali | | Catholic | |
| Any other ethnic background | | British sign language | | Christian | |
| Any other mixed background | | Chinese | | Hindu | |
| Any other White background | | English | | Jewish | |
| Bangladeshi | | French | | Muslim | |
| Black - African | | German | | No religion | |
| Black - Caribbean | | Hindi | | Other religion | |
| Chinese | | Kurdish | | Refused | |
| Gypsy/Roma | | Panjabi | | Sikh | |
| Indian | | Polish | | | |
| Pakistani | | Tagalog/Filipino | | | |
| Refused | | Urdu | | | |
| White – British | | Other (please specify) | | | |
| White – Irish | | | | | |
| White and Asian | | | | | |
| White and Black African | | | | | |
| White and Black Caribbean | | | | | |

Educational History

| School Name | Address | Date of Admission | Date of Leaving |
|-------------|---------|-------------------|-----------------|
| | | | |

Siblings –If there are **older** siblings on roll at school please give their name, year group and form

..... Year & Form.....

I confirm that the information given above is correct and that I will notify the school of any changes.

Signature Date

Print name