

MOTTRAM PRIMARY SCHOOL - DATA COLLECTION SHEET

Please print in block capitals

Child's Surname:	Legal Surname:
Child's Forename:	Middle Name:
Chosen name:	Gender:
Date of Birth:	
Address:	
Postcode:	
Home Telephone Number:	

Please give details of all persons who have parental responsibility:

NAME OF PARENT/CARER:		
Mr/Mrs/Ms First Name:	Surname:	Work Number:
Relation to pupil:	Telephone Number:	
Address:	Mobile:	
	Email:	
NAME OF PARENT/CARER:		
Mr/Mrs/Ms First Name:	Surname:	Work Number:
Relation to pupil:	Telephone Number:	
Address:	Mobile:	
	Email:	

EMERGENCY CONTACTS: please give details of two contacts who will take charge of your child in the parents/carers absence. Please make sure they are aware of your use of their number.

First Contact:		
Mr/Mrs/Ms First Name:	Surname:	
Relation to pupil:	Telephone number:	
Address:	Mobile:	
Second Contact:		
Mr/Mrs/Ms First Name:	Surname:	
Relation to pupil:	Telephone Number:	
Address:	Mobile:	

TRAVEL ARRANGEMENT:
Bicycle Train Walks Car Taxi School Coach Public Transport

DIETARY NEEDS:
MEAL ARRANGEMENT:
Free School Meal Paid School Meal Packed lunch

NAME OF FAMILY DOCTOR:	Address:
Telephone Number:	
In the event of the school not being able to contact you, do we have your permission to take your child to hospital?	
YES	NO

MEDICAL CONDITION:

ETHNIC GROUP:	
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 DfE.	
Signature:	Date: