

Pupil Data Collection Form

PUPIL PERSONAL INFORMATION

| | | | |
|--|--|---------------------------|---------------|
| LEGAL SURNAME | | PREFERRED SURNAME | |
| LEGAL FORENAME | | PREFERRED FORENAME | |
| MIDDLE NAME(S) | | GENDER | Male / Female |
| BIRTH CERTIFICATE SEEN? | | DATE OF BIRTH: | ___/___/___ |
| HOME ADDRESS including post code | | | |

PARENT INFORMATION

 (Please indicate at which address the pupil normally resides using the tick box)

MOTHER / MAIN CARER

| | | | | | |
|--|----------------------------|--------------------------------|--------------|----------------|--|
| TITLE | | FORENAME | | SURNAME | |
| DATE OF BIRTH | | PARENTAL RESPONSIBILITY | Yes / No | | |
| HOME ADDRESS including post code | * <input type="checkbox"/> | | | | |
| TELEPHONE NUMBERS | HOME: | | WORK: | | |
| | MOBILE: | | | | |
| E-MAIL ADDRESS | | | | | |

FATHER / SECOND CARER

| | | | | | |
|--|----------------------------|--------------------------------|--------------|----------------|--|
| TITLE | | FORENAME | | SURNAME | |
| DATE OF BIRTH | | PARENTAL RESPONSIBILITY | Yes / No | | |
| HOME ADDRESS including post code | * <input type="checkbox"/> | | | | |
| TELEPHONE NUMBERS | HOME: | | WORK: | | |
| | MOBILE: | | | | |
| E-MAIL ADDRESS | | | | | |

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

| | | | | | |
|--|----------------------------|------------------------------|--------------|--------------------------------|----------|
| TITLE | | FORENAME | | SURNAME | |
| DATE OF BIRTH | | RELATIONSHIP TO CHILD | | PARENTAL RESPONSIBILITY | Yes / No |
| HOME ADDRESS including post code | * <input type="checkbox"/> | | | | |
| TELEPHONE NUMBERS | HOME: | | WORK: | | |
| | MOBILE: | | | | |

ADDITIONAL CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary.

Please provide below ANY other names of people who can be contacted by school in emergency, underlining the main contact number.

| | | | | | |
|-----------------------|--|----------|--|---------|--|
| TITLE | | FORENAME | | SURNAME | |
| HOME: | | WORK: | | MOBILE: | |
| RELATIONSHIP TO CHILD | | | | | |

| | | | | | |
|-----------------------|--|----------|--|---------|--|
| TITLE | | FORENAME | | SURNAME | |
| HOME: | | WORK: | | MOBILE: | |
| RELATIONSHIP TO CHILD | | | | | |

MEDICAL INFORMATION – Attach an extra sheet if necessary

| | | | |
|---------------------|--|-------------------------------|--|
| NAME OF DOCTOR: | | NAME AND ADDRESS OF PRACTICE: | |
| MEDICAL CONDITIONS: | | | |

ETHNIC/CULTURAL

ETHNICITY _____ RELIGION _____

IS YOUR CHILD BAPTISED? YES/NO

CHILD'S FIRST LANGUAGE _____ HOME LANGUAGE _____

ADDITIONAL INFORMATION

MODE OF TRAVEL (PLEASE CIRCLE) Car / Walk / Cycle

MEAL TYPE (PLEASE CIRCLE) School Meal (paid) Free School Meal Packed Lunch

ANY SPECIAL DIETARY REQUIREMENTS _____

HAS YOUR CHILD EVER BEEN ON FREE SCHOOL MEALS? YES/NO

PARENT IN ARMED FORCES YES/NO

IS YOUR CHILD ADOPTED YES/NO

HAS YOUR CHILD EVER BEEN IN CARE OF LOCAL AUTHORITY YES/NO

DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOGRAPH TO BE USED IN SCHOOL PUBLICATIONS INCLUDING OUR WEBSITE AND ALSO IN THE LOCAL PRESS. YES/ NO

PREVIOUS SCHOOL INFORMATION

| | | | | | |
|-----------------|---|---|----|---|---|
| PREVIOUS SCHOOL | | | | | |
| FROM | / | / | TO | / | / |

Signature _____ Date _____

Name (please print) _____ Relationship to child: _____

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW
 Please be aware that by signing and returning this form, you are acknowledging that you accept our Home School Partnership Agreement. Details of the Home School Partnership Agreement are covered in the next pages.