



# Deepdale Community Primary School

St Stephen's Road  
Deepdale  
Preston  
PR1 6TD  
01772 795586



## School Data Collection Form

Please complete this form and return to school with your child's **birth certificate**, **passport** and **proof of address**.

### CHILD'S DETAILS

FORENAME		SURNAME	
CHOSEN NAME (if different)			
DATE OF BIRTH		PLACE OF BIRTH	
MALE/ FEMALE		FIRST LANGUAGE	
NATIONALITY		DATE ARRIVED IN UK (if applicable)	
RELIGION		ETHNICITY	

### PARENT/CARER 1

TITLE		FORENAME		SURNAME	
ADDRESS	<div></div> <div></div> <div></div> <div>POSTCODE:</div>				
RELATIONSHIP		EMAIL			
HOME PHONE		MOBILE			
WORK PHONE		DOES THE CHILD LIVE AT THIS ADDRESS?	Y / N		

### PARENT/CARER 2

TITLE		FORENAME		SURNAME	
ADDRESS	<div></div> <div></div> <div></div> <div>POSTCODE:</div>				
RELATIONSHIP		EMAIL			
HOME PHONE		MOBILE			
WORK PHONE		DOES THE CHILD LIVE AT THIS ADDRESS?	Y / N		

### PARENT/CARER 3/ EMERGENCY CONTACT

TITLE		FORENAME		SURNAME	
ADDRESS	<div></div> <div></div> <div></div> <div>POSTCODE:</div>				
RELATIONSHIP		EMAIL			
HOME PHONE		MOBILE			
WORK PHONE		DOES THE CHILD LIVE AT THIS ADDRESS?	Y / N		

## MEDICAL INFORMATION

DOCTOR'S SURGERY		DOCTOR'S NAME:		DOCTOR'S TELEPHONE:	
DOCTOR'S ADDRESS	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="text-align: right; margin-top: 5px;">POSTCODE:</div>				
DOES YOUR CHILD HAVE ANY MEDICAL NEEDS?			YES / NO		
IF YES, PLEASE PROVIDE DETAILS:					
DOES YOUR CHILD HAVE ANY DIETARY NEEDS/ ALLERGIES?			YES / NO		
IF YES, PLEASE PROVIDE DETAILS:					
HAS YOUR CHILD ATTENDED A SCHOOL BEFORE? (INCLUDE NURSERIES AND SCHOOLS IN OTHER COUNTRIES)					
SCHOOL/ NURSERY NAME			COUNTRY		
TELEPHONE:					
DATES ATTENDED	FROM:		TO:		
<b>DETAILS OF SIBLINGS ATTENDING THIS SCHOOL</b>					
<b>NAME OF CHILD</b>		<b>DATE OF BIRTH</b>		<b>CLASS</b>	

SIGNED:		RELATIONSHIP TO CHILD	
PRINT:		DATE:	

### OFFICE USE ONLY

RECEIVED BY:		DATE:	
DOCUMENTS CHECKED?	- BIRTH CERTIFICATE <input type="checkbox"/> - PASSPORT <input type="checkbox"/> - PROOF OF ADDRESS <input type="checkbox"/> _____		
DATE TO START:		REGISTRATION GROUP	

### DEEPDALE COMMUNITY PRIMARY SCHOOL

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies. Our full Privacy Notices can be seen on the school website.

