

# DATA COLLECTION SHEET

Legal Forename	
Middle Name(s)	
Legal Surname	
Preferred Name	
DOB	
Gender	

Home Address	

Ethnicity	
Nationality	

Country of Birth	
First Language	

Medical Practice	Telephone Number

Dietary Needs - Write any dietary allergies or intolerances here

Medical Condition	Notes
	<i>Please write any additional medication/information here</i>

Order	Contact Name and Relationship	Home Tel.	Mobile Tel.	Work Tel.	Email Address	Lives with Pupil
1						
2						
3						
4						

**Sign below to confirm these details are correct:**

**Signature:** .....

**Date:** .....

**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 keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

**Date printed:** 15/05/2019