

St Saviour's CE (VC) Primary School Data Collection Sheet

Surname:		Legal Surname:
Forename:		Middle name:
Chosen name:		Gender:
Date of Birth:	Year:	Reg Group:
Address:		
Post Code:		
Original birth Yes certificate shown to school		No
Previous School/Nursery/ Playgroup		
Please give details of all persons emergency. Place them in the o	who have parental responsibility and rder that you wish for them to be cont	anyone else you wish to be contacted in an acted in an emergency.
Priority Name/Relationship	Home Address/Phone/Mo	bile/Fax Work Address Phone/Email
1		Tel: Email:
2		
		Tel: Email:
3		
		Tel:
		Email:
Dietary Needs Plea	se read attached Pupil Premium Le	
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TICK Please tick the appropriate choice		tter. An application is compulsory.
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TICK Please tick the appropriate choice Free School Meal Pa	TO CONFIRM YOU HAVE MADE A	etter. An application is compulsory.
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ADMINISTRATION RECORD

PUPIL REGISTRATION APPENDIX

Please <u>complete/delete</u> the following categories of consent for your child whilst attending St Saviour's CE Primary School:

PHOTOGRAPHY/VIDEOS/DVD'S

Consent for School to take photographs or recordings to be displayed with/without name (individually, group or whole school):

- 1) for use in materials aimed at the school community: Yes/No
- 2) in published media (eg local newspaper, tv): Yes/No
- 3) on the school website: Yes/No

EMERGENCY TREATMENT

Permission for the School to act on your behalf should you not be available and emergency medical and/or hospital treatment is necessary: **Yes/No**

INTERNET ACCESS

Permission for your child to have access to the internet at School. This will always be with supervision: **Yes/No**

LOCAL VISITS

Permission for your child to leave School premises for school visits in the locality (for example another local school, library, etc) either on foot, transported by staff in a staff vehicle or by school minibus. This will always be with the correct number of adults to children ratio: **Yes/No**