

ST SAVIOUR'S C OF E ACADEMY

DATA COLLECTION FORM



UPN:	For office use only
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Please print all information (BLOCK CAPITALS)

Child's Surname:		Legal Surname: (if different)	(legal proof required)
Child's Forename:		Child's Middle Name:	
Chosen Name:	The name they liked to be called in school		
Date of Birth:		Gender:	
Home Address:			Post Code:
Home Telephone:		Mobile:	Please provide a number for our text messaging service to contact (must be someone with parental responsibility)

Please give details, in order of priority, of who you wish to be contacted in an emergency, please note that the person named as Priority 1 must have parental responsibility for this child (minimum of 2 contacts please). It is important that this information is kept up-to-date; please contact the office with new information.

Priority	Name	Home address (Please include post code)	Telephone No			Relationship to child	Parental Responsibility	Custody / Court Order
			Mobile	Home	Work			
1						YES / NO	YES* / NO	
2						YES / NO	YES* / NO	
3						YES / NO	YES* / NO	
4						YES / NO	YES* / NO	

* If a court order exists please provide evidence

Please advise of any persons NOT allowed to collect your child:	
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Previous Schools/ Nurseries/Settings	
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Name of Surgery/Practice:			
Name of GP:	Telephone:		
Address:			Post Code:
Health Visitor:	Social Worker: (past or present)		
Consultant:	Paediatrician:		

Method of Travel : Please tick 1 only	Dietary Requirements: Please tick 1 only	Service Family please tick	<input type="checkbox"/>	First Language: (used from birth)	Religion:
Bicycle	<input type="checkbox"/> Free School Meal	<input type="checkbox"/>		English	<input type="checkbox"/> Buddhist
Bus	<input type="checkbox"/> Paid School Meal	<input type="checkbox"/>		Polish	<input type="checkbox"/> Christian
Car/Van	<input type="checkbox"/> Sandwiches	<input type="checkbox"/>		Punjabi	<input type="checkbox"/> Hindu
Walk	<input type="checkbox"/> Home	<input type="checkbox"/>		Urdu	<input type="checkbox"/> Jewish
Car Share	<input type="checkbox"/>			Other: Please specify	<input type="checkbox"/> Methodist
Other: Please specify	<input type="checkbox"/>				<input type="checkbox"/> Muslim
	Allergies:	Ethnicity:		Language spoken at home:	<input type="checkbox"/> No Religion
	Colour Free <input type="checkbox"/>	Chinese <input type="checkbox"/>		English <input type="checkbox"/>	<input type="checkbox"/> Roman Catholic
	Dairy Free <input type="checkbox"/>	Pakistani <input type="checkbox"/>		Polish <input type="checkbox"/>	<input type="checkbox"/> Sikh
	Gluten Free <input type="checkbox"/>	White - British <input type="checkbox"/>		Punjabi <input type="checkbox"/>	<input type="checkbox"/> United Reform Church
	Halal <input type="checkbox"/>	White/Asian <input type="checkbox"/>		Urdu <input type="checkbox"/>	<input type="checkbox"/> Other: Please specify
	Kosher <input type="checkbox"/>	White/Black African <input type="checkbox"/>		Other: Please specify <input type="checkbox"/>	
	Nut Free <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>			
	Pork Free <input type="checkbox"/>	Other: Please specify <input type="checkbox"/>			
	Vegetarian <input type="checkbox"/>				
	Other: Please specify <input type="checkbox"/>				

Does your child have any other allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify and provide full details/documentation				

Do you consider your child to have a disability or illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify and provide full details/documentation				

Does your child have any additional needs or an Education, Health and Care Plan (EHC)? (previously known as a Statement of Special Educational Needs)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details of the additional needs or the date of EHC Plan and date of last annual review				

Consent				
I give permission for my child to:				
- access the internet under the supervision of school staff.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- send and receive emails for educational purposes under the supervision of school staff.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- receive emergency first aid treatment if required by school staff or medical professionals.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- go on local environment/learning visits under the supervision of school staff.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- participate in a range of activities within school including those provided by visitors, under the supervision of school staff.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I give permission for my details to be shared with: (Please note that permission may be withdrawn at any time)				
Teachers2parents (including School Money/Parent Pay) – necessary for the school text service and Paid School Meals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

General Data Protection Regulation 2018: 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 of Parent/Carer: (must have Parental Responsibility)	Date: