

Pupil Data Collection Form (Please complete all areas)

PUPIL PERSONAL INFORMATION

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

PARENT INFORMATION

* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

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

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					

PLEASE INDICATE IF YOU WOULD LIKE BOTH PARENTS TO RECEIVE ALL SCHOOL TEXTS	Yes / No
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CONTACT INFORMATION – IN PRIORITY ORDER - Attach an extra sheet if necessary

Please provide below the names of at least two people who can be contacted by school in emergency, underlining the main contact number. (Repeat information from overleaf if necessary)

TITLE		FORENAME		SURNAME	
ADDRESS					
TELEPHONE NUMBER	HOME:		WORK:		MOBILE:
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
ADDRESS					
TELEPHONE NUMBER	HOME:		WORK:		MOBILE:
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
ADDRESS					
TELEPHONE NUMBER	HOME:		WORK:		MOBILE:
RELATIONSHIP TO CHILD					

MEAL TYPE (please circle one only) School Meal (paid) Free School Meal Packed Lunch

Any special dietary requirements/Food Allergies _____

MEDICAL INFORMATION – Attach an extra sheet if necessary

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

MODE OF TRAVEL (one most often used) Car / Walk / Cycle Other _____

ETHNICITY**Please tick one box only**

- White** British Irish Traveller of Irish Heritage Any other white background
- Mixed** White and Black Caribbean White and Black African White and Asian
Any other mixed background
- Asian or Asian British** Chinese Pakistani Bangladeshi Any other Asian background
- Black or Black British** Caribbean African Any other black background
Any other ethnic background

RELIGION**Please tick one box only**

- Buddhist Christian Hindu Jewish Muslim Other Religion No religion

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES / NO**IF NO, PLEASE INDICATE LANGUAGE SPOKEN** _____**ENGLISH AS AN ADDITIONAL LANGUAGE YES/NO****SPEAKS WELSH YES/NO****SERVICE CHILDREN YES/NO****PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)**

Previous School, Nursery etc			
From	/ /	To:	/ /

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW**Signature** _____ **Date** _____**Name (please print)** _____**Relationship to child:** _____