

## Pupil Data Collection Form (Please complete all areas)

### PUPIL PERSONAL INFORMATION

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

### PARENT INFORMATION

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

#### MOTHER

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>DATE OF BIRTH</b>		<b>PARENTAL RESPONSIBILITY</b>		Yes / No	
<b>HOME ADDRESS including post code</b>	* <input type="checkbox"/>				
<b>TELEPHONE NUMBERS</b>		<b>HOME:</b>		<b>WORK:</b>	
		<b>MOBILE:</b>			
<b>E-MAIL ADDRESS</b>					

#### FATHER

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>DATE OF BIRTH</b>		<b>PARENTAL RESPONSIBILITY</b>		Yes / No	
<b>HOME ADDRESS including post code</b>	* <input type="checkbox"/>				
<b>TELEPHONE NUMBERS</b>		<b>HOME:</b>		<b>WORK:</b>	
		<b>MOBILE:</b>			
<b>E-MAIL ADDRESS</b>					

**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)

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>ADDRESS</b>					
<b>TELEPHONE NUMBER</b>	<b>HOME:</b>			<b>WORK:</b>	
	<b>MOBILE:</b>				
<b>RELATIONSHIP TO CHILD</b>					

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>ADDRESS</b>					
<b>TELEPHONE NUMBER</b>	<b>HOME:</b>			<b>WORK:</b>	
	<b>MOBILE:</b>				
<b>RELATIONSHIP TO CHILD</b>					

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
<b>ADDRESS</b>					
<b>TELEPHONE NUMBER</b>	<b>HOME:</b>			<b>WORK:</b>	
	<b>MOBILE:</b>				
<b>RELATIONSHIP TO CHILD</b>					

**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**

<b>NAME OF DOCTOR:</b>		<b>NAME AND ADDRESS OF PRACTICE:</b>	
<b>MEDICAL CONDITIONS:</b>			

**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)**

<b>Previous School, Nursery etc</b>			
<b>From</b>	/ /	<b>To:</b>	/ /

**PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_