

DATA COLLECTION SHEET

Surname: _____	Legal Surname: _____
Forename(s): _____	Chosen Name: _____
Gender: _____	Date of Birth: _____
Email: _____	Year Group: _____
Address: _____	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish them to be contacted.

Priority	Name/Relationship	Home Address (if different to above)	Work Name/Town
1.			
		Tel: _____	Tel: _____
		Mobile: _____	
2.			
		Tel: _____	Tel: _____
		Mobile: _____	
3.			
		Tel: _____	Tel: _____
		Mobile: _____	
4.			
		Tel: _____	Tel: _____
		Mobile: _____	

Travel Arrangements: Please tick the appropriate mode of transport – tick ONE only <input type="checkbox"/> Bicycle <input type="checkbox"/> Walks <input type="checkbox"/> Car/Van <input type="checkbox"/> Car Share
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Dietary Needs: _____ Meal Arrangement Please tick the appropriate choice – tick ONE only <input type="checkbox"/> Free School Meal <input type="checkbox"/> Paid School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Home <input type="checkbox"/> Other
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Surgery: _____ Tel: _____ Address: _____ Medical Information: _____ _____

*Ethnicity: _____ Place of Birth: _____ *First Language: _____ Religion: _____ *Home Language: _____ Nationality: _____ * IMPORTANT: please refer to the reverse for guidance Data Protection Act 1988: 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 Education Authority and with the DfES.

Signature: _____ Date: _____

Important Information

Please check the data collection sheet carefully. It is most important that you keep the school office updated with any changes (eg new phone numbers or contact names and details) as soon as is possible.

We need to be able to make contact with at least one person on your contact list at all times during which we are responsible for your child.

FIRST LANGUAGE, HOME LANGUAGE AND ETHNICITY

First language is the language or languages a child was exposed to until s/he was one year old. This is the language that s/he heard her/his family speaking at home.

Home language is the language or languages the child now speaks at home. It may well be that your child's first language is also the home language.

Ethnicity

Please refer to the table below to help you complete this section of the data collection sheet.

AAO	Any other Asian background
ABA	Bangladeshi
AIN	Indian
APK	Pakistani
BLB	Black Caribbean
BLF	African
BLG	Any other Black background
CHE	Chinese
MBA	White/Black African
MOT	Any other mixed background
MWA	White/Asian
MWB	White/Black Caribbean
NOT	Information not obtained
REF	Refused
WHA	Any other white background
WHB	British
WHR	Irish
WHT	Traveller - Irish heritage
WRO	Gypsy/Romany

If you need any help completing the data collection sheet, please contact the school office.