

**Pupil Data Collection Form**

This form should be completed by parents or by those who have parental responsibility or day to day care of the child. Please keep school informed of any changes to this information such as new mobile telephone numbers, changes of address, etc.

# PUPIL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal surname** |  | **Legal forename** |  |
| **Middle name(s)** |  | **Preferred forename** |  |
| **Previous Name(s)** |  |  |  |
| **Date of birth** |  | **Sex** | Female / Male |
| **Ethnicity** |  | **Religion** |  |
| **First language** |  | **Usual mode of travel** | Walk / Cycle / Car |
| **Home address,**  **including postcode (where child normally resides)** |  | **Names and dates of birth of siblings, including step-siblings** |  |
| **Lunch meal type**  **(please tick one only)** | School Meal (paid)    Free School Meal    Packed Lunch    Universal Free Meals | **Special dietary requirements** |  |
| **Doctor's name, address and telephone number** |  | **Previous schools and nursery Dates from and to** |  |
| **Any other relevant information: medical conditions (allergies, asthma, etc), disability, Social Care, Legal**  **Orders, etc** | | | |
| **Medical** |  | **Legal** |  |
| **Social Care and other agencies** |  | **Other** |  |

**PARENT INFORMATION: MOTHER** (Please underline the main contact telephone number)

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Date of birth** |  | **Email address** |  |
| **Home address, including postcode** |  | **Can this person collect the child from school?** | Yes / No |
| **Does this person have parental responsibility?** | Yes / No | **Is this person an emergency contact?** | Yes / No |
| **Telephone numbers** | Home: | Mobile: | Work: |

**PARENT INFORMATION: FATHER** (Please underline the main contact telephone number)

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Date of birth** |  | **Email address** |  |
| **Home address, including postcode** |  | **Can this person collect the child from school?** | Yes / No |
| **Does this person have parental responsibility?** | Yes / No | **Is this person an emergency contact?** | Yes / No |
| **Telephone numbers** | Home: | Mobile: | Work: |

If there are any other persons who have parental responsibility or can be deemed a ‘parent’ (eg step parent, or parent’s partner), please provide details below. Please underline the main contact telephone number. Continue on a separate sheet if necessary (ie more than one additional person with parental responsibility, etc).

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Date of birth** |  | **Email address** |  |
| **Home address, including postcode** |  | **Can this person collect the child from school?** | Yes / No |
| **Does this person have parental responsibility?** | Yes / No | **Is this person an emergency contact?** | Yes / No |
| **Relationship to child** |  |  |  |
| **Telephone numbers** | Home: | Mobile: | Work: |

# OTHER EMERGENCY CONTACTS – IN PRIORITY ORDER

Please provide below the names of any other people who can be contacted by school in an emergency (these may be family members, not identified overleaf, or friends). Please underline the main contact numbers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Address** |  |  |  |
| **Relationship to child** |  | **Can this person collect the child from school?** | Yes / No |
| **Telephone numbers** | Home: | Mobile: | Work: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename** |  |
| **Address** |  |  |  |
| **Relationship to child** |  | **Can this person collect the child from school?** | Yes / No |
| **Telephone numbers** | Home: | Mobile: | Work: |

|  |  |
| --- | --- |
| **Names of any other people who are permitted to collect your child from school** |  |
| **Names of any people who are NOT permitted to collect your child and reasons for this** |  |

|  |  |
| --- | --- |
| **BIRTH CERTIFICATE** | Please provide the original copy or a certified copy of your child’s Birth Certificate on registration.  Birth Certificate checked by ……………………………………………………………….. |
| **Adopted pupils** | Has your child been adopted from care? **YES / NO**  (Please provide copy of adoption certificate / legal document on registration)    Date of adoption ……………………………………………….    Adoption Certificate checked by ………………………………………………………….. |
| **Looked After Pupils** | Is your child a ‘Looked After Child’? **YES / NO**    Local Authority with responsibility for your child ……………………………….….. |
| **Service Children** | Are any of the child’s parents serving members of the Armed Forces? **YES / NO**  Please state where stationed **…………………………………………………………..** |

**Name of person completing this form** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_