

**Data Collection Sheet**  
**Please complete and return to the school office**

The information you provide on this form is used, stored and retained in-line with our data privacy notice as attached

<b>Surname:</b>	<b>Legal Surname:</b>	
<b>Forename:</b>	<b>Middle name(s):</b>	
<b>Chosen name:</b>	<b>Gender:</b>	<b>Date of Birth:</b>
<b>Address: (including postcode)</b>	<b>Home Telephone:</b>	
<b>Free school meals:</b> is your son/daughter currently in receipt of a free school meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Service Children:</b> is either Parent a serving member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Adoption:</b> Is your son/daughter adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your son/daughter is adopted please let us know if this was: <input type="checkbox"/> a private adoption <input type="checkbox"/> Adoption from care		
Please contact the school if you would like to discuss this further		

**Special Educational Needs**

Please let us know if your child has Special Educational Needs (i.e. has a statement for Special Education Needs or an Education and Healthcare Plan (EHCP) or is currently being assessed.   ☐ Yes   ☐ No   ☐ Currently being assessed

**Disability**

Do you consider your child to have a disability?   ☐ Yes   ☐ No

**If Yes please give details** (continue on a separate sheet if necessary)

**Linked Agencies**

It is important that all agencies who are working with a child, work together to ensure the best outcome for that child. In order to do that, please identify any other agencies working with your child for example Social Care (i.e. Social Services)\*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below:

\* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child. e.g. Gloucestershire etc.

Child In Care   ☐   Local Authority responsible for child:

**Ethnicity** (please tick as appropriate)

<input type="checkbox"/> Any other Asian background <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black –African <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy	<input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Indian <input type="checkbox"/> Other Mixed background <input type="checkbox"/> Other White British <input type="checkbox"/> Pakistani <input type="checkbox"/> Refused <input type="checkbox"/> Roma <input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> White English <input type="checkbox"/> White Irish <input type="checkbox"/> White Scottish <input type="checkbox"/> White Welsh <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Chinese	<input type="checkbox"/> White Eastern European <input type="checkbox"/> White Other <input type="checkbox"/> White Western European
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I do not wish an ethnic background category to be recorded ☐

**Home Language** (please tick as appropriate)

<input type="checkbox"/> Akan/Twi-Fante <input type="checkbox"/> Albanian/Shqip <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Bengali (Sylheti) <input type="checkbox"/> British Sign Language <input type="checkbox"/> Caribbean Creole English <input type="checkbox"/> Caribbean Creole French <input type="checkbox"/> Chinese <input type="checkbox"/> Cornish	<input type="checkbox"/> Danish <input type="checkbox"/> Dutch/Flemish <input type="checkbox"/> English <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> Gaelic (Scotland) <input type="checkbox"/> Gaelic (Irish) <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi <input type="checkbox"/> Igbo <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Lingala <input type="checkbox"/> Luganda <input type="checkbox"/> Manx Gaelic <input type="checkbox"/> Norwegian <input type="checkbox"/> Panjabi	<input type="checkbox"/> Pashto/Pakhto <input type="checkbox"/> Persian/Farsi <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romany/English Romanes <input type="checkbox"/> Russian <input type="checkbox"/> Serbian/Croatian/Bosnian <input type="checkbox"/> Sinhala <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili/Kiswahili	<input type="checkbox"/> Swedish <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Tamil <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Welsh/Cymraeg <input type="checkbox"/> Yoruba
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**EAL:** English is a Second Language?

☐ Yes ☐ No

Please contact the school if you would like to discuss this further

**Religious Affiliation** (please tick as appropriate)

<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian/Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion <input type="checkbox"/> Other Religion
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I do not wish a religious category to be recorded ☐

*Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please indicate in numerical order the priority of the contacts ‘1’ being the first point of contact. We will use this information to contact the relevant person in the order provided in the event of an emergency.*

*The person you indicate as the KEY contact will receive emails, newsletters and text messages from the school. If you have more than one KEY contact then please indicate as appropriate.*

**Parent/Contact Details**

<b>Title</b> (e.g. Mr, Mrs, Miss, Ms, Dr, Rev):	<b>Forename:</b>
<b>Surname:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**Relationship to child:** please tick to indicate which of the following applies:

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Relative <input type="checkbox"/> Social Worker <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact
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**Telephone Numbers:**

<b>Home:</b>	<b>Mobile:</b>
<b>Work:</b>	<b>Other:</b>

**Email:**

<b>Home:</b>
<b>Work:</b>

**Address** (if different from the address given for the child)

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**Does this person have Parental Responsibility?**            ☐ Yes    ☐ No

**Is there a court order relating to this child?**            ☐ Yes    ☐ No

**Is this person a Key Contact (see guidance above)?**    ☐ Yes    ☐ No

**Priority** (e.g. ‘1 - 5’ see guidance above) where 1 is the first person to contact in an emergency, 2 is the second person to contact etc.:

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*(please continue on a separate sheet if necessary).*

**Parent/Contact Details**

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<b>Surname:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

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**Address** (if different from the address given for the child)

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**Priority** (e.g. '1 - 5' see guidance above) where 1 is the first person to contact in an emergency, 2 is the second person to contact etc.:

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*(please continue on a separate sheet if necessary).*

Parent/Contact Details

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Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

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Telephone Numbers:

Home:	Mobile:
Work:	Other:

Email:

Home:
Work:

Address (if different from the address given for the child)

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Does this person have Parental Responsibility? ☐ Yes ☐ No

Is there a court order relating to this child? ☐ Yes ☐ No

Is this person a Key Contact (see guidance above)? ☐ Yes ☐ No

Priority (e.g. '1 - 5' see guidance above) where 1 is the first person to contact in an emergency, 2 is the second person to contact etc.:

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(please continue on a separate sheet if necessary).

**Parent/Contact Details**

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<b>Home:</b>
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**Address** (if different from the address given for the child)

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**Does this person have Parental Responsibility?**            ☐ Yes    ☐ No

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**Priority** (e.g. '1 - 5' see guidance above) where 1 is the first person to contact in an emergency, 2 is the second person to contact etc.:

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*(please continue on a separate sheet if necessary).*