

For Office use only: Date Form Received (DD/MM/YYYY)

Date of SIMS Entry (DD/MM/YYYY)

Staff Initials


**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

**Your child's details:**

<b>Surname:</b>		<b>Legal Surname:</b>	
<b>Forename:</b>		<b>Middle name(s):</b>	
<b>Preferred name:</b>		<b>Sex:</b> F <input type="checkbox"/> M <input type="checkbox"/>	<b>Date of Birth:</b>
<b>Address: (including postcode)</b>		<b>Gender:</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

SEND SUPPORT

EHCP

EHCP (Statutory Assessment)

**Disability**

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

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

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**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:

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\* 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:

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**Ethnicity** (please tick as appropriate)

<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> White English	<input type="checkbox"/> White Eastern European
<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Indian	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other
<input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> Other Mixed background	<input type="checkbox"/> White Scottish	<input type="checkbox"/> White Western European
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other White British	<input type="checkbox"/> White Welsh	
<input type="checkbox"/> Black –African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Black – Caribbean	<input type="checkbox"/> Refused	<input type="checkbox"/> White and Black African	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Roma	<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> Gypsy	<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> White and Chinese	

I do not wish an ethnic background category to be recorded **First Language** (please tick as appropriate)

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

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

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

**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"/> Muslim
<input type="checkbox"/> Christian/Catholic	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> No Religion
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other Religion

I do not wish a religious category to be recorded

Please give details of all persons you wish to be contacted in an emergency, in the order in which they should be contacted

**Parent/Contact 1 Details (REQUIRED)**

<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 <input type="checkbox"/> Other

**Are you the 'Parent'** : please tick to indicate which of the following applies:

<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Social Worker <input type="checkbox"/> Childminder <input type="checkbox"/> Carer <input type="checkbox"/> Other Contact – Please specify relationship to child
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**Telephone Numbers:**

<b>Home:</b>	<b>Mobile:</b>
<b>Work: (Place of work and number)</b>	<b>Other:</b>

**Email:**

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

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<b>Does this person have Parental Responsibility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Birth Mother* <input type="checkbox"/> Birth Father* <input type="checkbox"/> Female Partner (Not Birth Mother) <input type="checkbox"/> Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)	<b>Is there a court order relating to this child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If a court order is in place a copy should be provided to the school office or the DSL)
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**\*Parental Responsibility**

A child's birth Mother ( the person who carried the child) unless removed by an adoption order  
Child's father – If mother and father were married at the time of birth, if not father must have gained parental responsibility by registering the child's birth jointly with the mother, by subsequently marrying the child's mother, through a 'parental responsibility agreement' between him and the child's mother which is registered with the court or by obtaining a court order for parental responsibility  
Female Partner – (Female Parents, child conceive through fertility treatment) Treated the same as birth father, if not married or in a civil partnership at the time of birth.

**Correspondence option - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations. Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports**  
 Yes  No  
All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes

<b>Signature of Parent:</b>	<b>Date:</b>
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**Parent/Contact 2 Details (REQUIRED)**

<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 <input type="checkbox"/> Other

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

<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Step Father	<input type="checkbox"/> Childminder
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Carer
	<input type="checkbox"/> Other Contact – Please specify relationship to child

**Telephone Numbers:**

<b>Home:</b>	<b>Mobile:</b>
<b>Work: (Place of work and number)</b>	<b>Other:</b>

**Email:**

<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

- Birth Mother\*
- Birth Father\*
- Female Partner (Not Birth Mother)
- Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)

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

(If a court order is in place a copy should be provided to the school office or the DSL)

**Correspondence option** - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations. Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports Yes  No*All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes*

<b>Signature of Parent:</b>	<b>Date:</b>
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**Parent/Contact 3 Details (Optional)**

<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 <input type="checkbox"/> Other

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

<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Step Father	<input type="checkbox"/> Childminder
<input type="checkbox"/> Step Mother	<input type="checkbox"/> Carer
	<input type="checkbox"/> Other Contact

**Telephone Numbers:**

<b>Home:</b>	<b>Mobile:</b>
<b>Work: (Place of work and number)</b>	<b>Other:</b>

**Email:**

<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

- Birth Mother\*
- Birth Father\*
- Female Partner (Not Birth Mother)
- Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)

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

(If a court order is in place a copy should be provided to the school office or the DSL)

**Correspondence option** - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations.

Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports

 Yes  No*All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes*

<b>Signature of Parent:</b>	<b>Date:</b>
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**Parent/Contact 4 Details (Optional)**

<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 <input type="checkbox"/> Other

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

<input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother	<input type="checkbox"/> Foster <input type="checkbox"/> Social Worker <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: (Place of work and number)</b>	<b>Other:</b>

**Email:**

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

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<b>Does this person have Parental Responsibility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Birth Mother* <input type="checkbox"/> Birth Father* <input type="checkbox"/> Female Partner (Not Birth Mother) <input type="checkbox"/> Acquired through a Court Order (Evidence to be shared with the Designated Safeguarding Lead)	<b>Is there a court order relating to this child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If a court order is in place a copy should be provided to the school office or the DSL)
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<b>Correspondence option</b> - for those with Parental Responsibility and are able to give consent for medical, emergencies and vaccinations Notifications regarding absence from school or detentions, weekly bulletins, letters, parental newsletter, and student reports <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>All reports, bulletins and newsletters are sent via email so please include an email address above if ticked yes</i>
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<b>Signature of Parent:</b>	<b>Date:</b>
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(Continue on a separate sheet if necessary)