# PUPIL DATA COLLECTION FORM

PUPIL PERSONAL INFORMATION

| | | | |
|---|---|---|---|
| SURNAME | | | |
| FORENAME | | | |
| MIDDLE NAME | | GENDER | MALE/FEMALE |
| BIRTH CERTIFICATE SEEN? | | DATE OF BIRTH | __/__/____ |
| HOME ADDRESS | | | |
| POST CODE | | | |

PARENT INFORMATION

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

MOTHER

| | | | | | |
|---|---|---|---|---|---|
| TITLE | | FORENAME | | SURNAME | |
| DATE OF BIRTH | | PARENTAL RESPONSIBILITY | | YES/NO | |
| HOME ADDRESS | | | | | |
| TELEPHONE NUMBERS | | HOME:<br>WORK: | | MOBILE: | |
| EMAIL ADDRESS | | | | | |
| NATIONAL INSURANCE NO:<br>*Required for Free School Meal Claims* | | | | | |

FATHER

| | | | | | |
|---|---|---|---|---|---|
| TITLE | | FORENAME | | SURNAME | |
| DATE OF BIRTH | | PARENTAL RESPONSIBILITY | | YES/NO | |
| HOME ADDRESS | | | | | |
| TELEPHONE NUMBERS | | HOME:<br>WORK: | | MOBILE: | |
| EMAIL ADDRESS | | | | | |
| NATIONAL INSURANCE NO:<br>*Required for Free School Meal Claims* | | | | | |

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.

# PUPIL DATA COLLECTION FORM

CONTACT INFORMATION – IN PRIORITY ORDER – *Please provide below the names of at least two people who can be contacted by school in an emergency.*

| | | | | | |
|---|---|---|---|---|---|
| TITLE | | FORENAME | | SURNAME | |
| HOME | | MOBILE | | WORK | |
| RELATIONSHIP TO CHILD | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| TITLE | | FORENAME | | SURNAME | |
| HOME | | MOBILE | | WORK | |
| RELATIONSHIP TO CHILD | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| TITLE | | FORENAME | | SURNAME | |
| HOME | | MOBILE | | WORK | |
| RELATIONSHIP TO CHILD | | | | | |

MEAL TYPE (Please circle one only) School Meal (paid) Free School Meal Packed Lunch (year 3 upwards)

Any special dietary requirements_____

MEDICAL INFORMATION

| | |
|---|---|
| NAME/ADDRESS OF DOCTOR | |
| TELEPHONE NUMBER | |
| MEDICAL CONDITIONS (i.e. Asthma, glasses, allergies) | |

MODE OF TRAVEL (one used most often): Car/Walk/Bus/Train/Taxi

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES/NO

IF NO, PLEASE INDICATE LANGUAGE SPOKEN: _____

COUNTRY OF BIRTH: _____

SERVICE CHILD: YES/NO

| | | | |
|---|---|---|---|
| Previous School, Nursery etc. | | | |
| From | __/__/____ | To | __/__/____ |

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# PUPIL DATA COLLECTION FORM

Please tick appropriate box (√)

ETHNICITY

| | | | |
|---|---|---|---|
| WHITE UK HERITAGE | | BLACK CARRIBBEAN HERITAGE | |
| WHITE EUROPEAN | | BLACK AFRICAN HERITAGE | |
| WHITE – OTHER | | BLACK OTHER | |
| INDIAN | | CHINESE | |
| BANGLADESHI | | OTHER | |
| PAKISTANI | | PARENT PREFERRED NOT TO SAY | |

RELIGION

| | | | |
|---|---|---|---|
| CHRISTIAN | | MUSLIM | |
| JEHOVAH'S WITNESS | | ROMAN CATHOLIC | |
| MORMON | | SIKH | |
| HINDU | | OTHER | |
| JEWISH | | NO RELIGION | |

Please include any additional information you believe the school should be aware of.

**It is essential that this information is kept as up to date as possible, so please ensure you notify the school office of any changes regarding emergency contacts and telephone numbers.**

**A blank Pupil Data Collection Form can be found on our website under our 'PARENTZONE' tab.**

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