



# 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	<input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	MOBILE:		
		WORK:			
EMAIL ADDRESS					
NATIONAL INSURANCE NO: <i>Required for Free School Meal Claims</i>					

### FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	YES/NO		
HOME ADDRESS	<input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	MOBILE:		
		WORK:			
EMAIL ADDRESS					
NATIONAL INSURANCE NO: <i>Required for Free School Meal Claims</i>					



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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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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.**