



# Data Collection Sheet

PLEASE COMPLETE IN BLOCK CAPITALS

## Child's Personal Information

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Chosen Name: \_\_\_\_\_  
Male  Female  Date of Birth: \_\_\_\_\_

## Child's Home Information

Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Parent and Emergency Contact Details (please complete in priority order)

### Contact Priority 1

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
Mr/Mrs/Miss/Ms: \_\_\_\_\_ Male  Female   
Home Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

### Contact Priority 2

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_  
Mr/Mrs/Miss/Ms: \_\_\_\_\_ Male  Female   
Home Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_



**Contact Priority 3**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Mr/Mrs/Miss/Ms: \_\_\_\_\_ Male  Female

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

**Please complete by ticking the appropriate box**

**Travel Arrangements**

Car  Walk  Public Transport  Other

**Meal Arrangements**

Packed Lunch  Universal Free School Meal  Paid Meal  Free School Meal

**Dietary/Allergy Needs**

Halal  No Beef  No Dairy Produce  No Eggs  
 No Nuts  No Seafood  No Nuts  Gluten Free  
 Other  
(please specify below)

Please give details of any other allergies or dietary needs....  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Doctors Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Cultural Information

Ethnic Origin	✓	Home Language	✓	Religion	✓
White - British		English		Christian	
Pakistan		Punjabi		Muslim	
Indian		Urdu		Hindu	
Black African		Hindi		Jewish	
Chinese		Polish		None	
Any other Ethnic group		French			
Any other mixed race		Farsi			
		Gujarati			
Other - please specify		Other - please specify		Other - please specify	

**Nationality** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_

\*Example: Your child may have a British passport but may have been born in a different country, therefore their Nationality would be British but the place of birth would be the country in which they were born.

## Previous Playgroup / Nursery / School attended

Name: \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_

Date Attended From: \_\_\_\_\_

Date Attended to: \_\_\_\_\_

## Sibling Information

If your child has a brother or sister in school please provide their names below:

Bothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

## Additional Information

**Please ensure that all boxes are completed and correct**

***I consent to the school holding the information provided above***

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print \_\_\_\_\_

Parent / Guardian (please delete as appropriate)

