**DATA COLLECTION SHEET**

**Please complete all areas and return to the school office at your earliest convenience.**

‘Every Child Counts, Every Moment Matters’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| --- |
| **Surname: Legal Surname (if different):** |
| **Forename: Middle name:** |
| **Chosen Name: Home Address:** |
| **Date of Birth:** **Gender: Telephone Number:** |
|  |

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Please give details, below, of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

**Please detail a minimum of 2 contacts below**

These contacts will also be used as authorised persons to collect your child at the end of the school day, unless you notify us otherwise.

Place contacts, including yourself, in the order that you wish for them to be contacted in an emergency.

If you require more space please use the reverse of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name and Relationship** | **Home Address / Phone / Mobile** | **Work Address / Phone / Email** |
| **1** |  | **Address:****Tel:** **Mobile:**  | **Address:****Tel:** **Email:**  |
| **2** |  | **Address:****Tel:** **Mobile:**  | **Address:****Tel:** **Email:**  |
| **3** |  | **Address:****Tel:** **Mobile:**  | **Address:** **Tel:** **Email:**  |
| **4** |  | **Address:****Tel:** **Mobile:**  | **Address:****Tel:** **Email:** |
| **Travel Arrangements:** |  |
| Please tick the appropriate choice: |
|  |  | Bicycle |  | Train |  | Car/Van |  | Walk |  | Taxi |  | School Bus |  | Car Share |  |
|  |  | London Underground |  | Public Bus Service |  | Metro/Train/Light Rail |  | Other |  |
|  |
| **Route:** |  |
| **Dietary Needs:** |  |
| **Meal Arrangements:** |   |
| Please tick the type of meal to have for each day of the week below. |
|  | **Type of meal** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **\*** School Meal: Every child in Reception (up to Year 2) is eligible to receive Universal Free School Meals. Please complete the Babcock Prime: Universal Free School Meals form to see if your child will be eligible to receive a Pupil Premium. |
|  | School Meal**\*** |   |  |  |  |  |
|  | Packed Lunch |  |  |  |  |  |
|   |
| **Medical Practice:** |  | **Name of Doctor:**  |
|  |  |  |
| **Address:** |  | **Telephone Number:** |
| **Medical Condition(s):** |
| **Medical Note(s):** |
| **Allergens:**  |
| **Disabilities / Special Educational Needs:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity (optional):** |  |  **Religion:** |  |
| **Home Language:** |  | **First Language:** |  |
|  |  |  |  |
| **General Data Protection Regulations (GDPR):** We collect and use pupil information under Article 6 of EU GDPR to ensure the school carries out its duties lawfully and appropriately. Data is required for compliance with our legal obligations (6c) and for the necessary purpose of our duties as a school (6f).Please see our Privacy Notice which can be found on our school website ([www.millfieldsfirstschool.co.uk](http://www.millfieldsfirstschool.co.uk)) for more information on how we collect, use, store and share information. |
| **Signature: Parent / Guardian** | **Date: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Signature: Parent / Guardian** | **Date: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  |