



DATA COLLECTION SHEET

Please complete all sections and return to school

Your Child's Details

Surname:	Legal Surname:
Forename:	Middle name:
Chosen name:	Gender:
Date of birth:	Year Group:
Address:	
Post Code:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency or you wish to collect your child from school.

Priority 1:	Name: Relationship: Tel: Mobile:	Home Address: Email:
Priority 2:	Name: Relationship: Tel: Mobile:	Home Address: Email:
Priority 3:	Name: Relationship: Tel: Mobile:	Home Address: Email:

Travel Arrangements
Please tick the appropriate choice:

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Train	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Walk	<input type="checkbox"/> Taxi	<input type="checkbox"/> School Bus	<input type="checkbox"/> Car Share
<input type="checkbox"/> London Underground		<input type="checkbox"/> Public Bus Service		<input type="checkbox"/> Metro/Train/Light Rail		<input type="checkbox"/> Other

Meal Preference:
Free School Meal Paid School Meal Home Other

Special dietary requirements:

Medical Practice:

Address:

Telephone Number:

Medical Condition(s)

Medical information

Declaration:

I consent to my child undergoing any medical treatment necessary during school hours. I authorise the school staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Please use this space to add any further information you feel necessary:

Ethnicity:

Home Language:

Religion:

Robins Lane Primary School holds and processes the personal information you provide in this form. The data being collected, controlled and processed is in line with the General Data Protection Regulation. In order to run our school effectively, we may need to share some personal information with third party companies and organisations as well as the Local Authority and Department for Education. By completing and signing this form, you are giving permission for us to hold and process your data and the data of any other named adult. For more information, please refer to the school's Privacy Notice and Fair Processing Notice which are on the school website. If you have any queries regarding what we do with your personal information, please contact the school office.

Parent/Guardian Signature:

Date: