

PUPIL DATA COLLECTION SHEET

Please complete and return to the school office as soon as possible. Please continue overleaf if more space is required. Thank you.

Firstname:	Surname:	Preferred Name:	Middle Name:
Date of Birth:	Gender:	Year Group:	Class:
Home Address:		Home Phone:	
		Language:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted. If there is insufficient room, please use the back of this sheet.

Priority	Contact Name / Relationship	Contact Address	Contact Details
1			H: M: W: Email:
2			H: M: W: Email:
3			H: M: W: Email:

Medical Conditions:	Notes:
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Dietary Needs:		
Medical Practice:	Practice Tel No:	Practice Address:

Data Protection Act 2018: all data is held in accordance with the General Data Protection Regulation (GDPR). The school has a duty to protect this information and keep it updated. The school is also required to share some of this data with the Local Authority and the DFE.

Parent/Carer Signature:	Date:	No Change to Data (please tick below if applicable)
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Print Name: