

ST. CHAD'S C.E. (C) PRIMARY SCHOOL

DATA COLLECTION FORM



Please complete using capital letters and return to school

DETAILS OF CHILD:

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Male/Female (*please circle*)

Address: _____

Postcode: _____ Home telephone number: _____

Previous School / Pre-School / Playgroup: _____

Main mobile number for receiving text messages: _____

Email address: _____

DETAILS OF PARENTS:

(This information is needed to enable the school and Education Authority to meet their legal obligations)

Mother: Mrs/Miss/Ms: _____ (full name) **Legal Parental Responsibility** Yes/No (*please circle*)

Address (if different from child): _____

Tel: Home: _____ Work: _____ Mobile: _____

Name and address of employer: _____

In order to meet our access arrangements, **do you have a disability?** Yes/No (*please circle*)

If yes, please give details: _____

Father: Mr: _____ (full name) **Legal Parental Responsibility** Yes/No (*Please circle*)

Address (if different from child): _____

Tel: Home: _____ Work: _____ Mobile: _____

Name and address of employer: _____

In order to meet our access arrangements, **do you have a disability?** Yes / No (*Please circle*)

If yes, please give details: _____

Information about any other adults (over 16) who live in the same house as the child:

(*eg. foster parent, step-mother, step-father, mother's partner, father's partner, grandparent*)

Name: _____ Relationship: _____

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In the case of emergency, or where school is unable to contact parents, please provide information for additional contacts:

CONTACT 1:

Name: _____ Relationship: _____

Telephone numbers (daytime numbers & mobile): _____

Address: _____

CONTACT 2:

Name: _____ Relationship: _____

Telephone numbers (daytime numbers & mobile): _____

Address: _____

MEDICAL:

Which Doctor is your child registered with?

Dr: _____ Address: _____

Tel: _____

Does your child have a medical condition/disability of which the school needs to be aware? Yes/No (Please circle) If yes, please give details: _____

Please be advised, only adults with parental responsibility are able to request administration of medicines at school

SCHOOL MEALS:

(Please tick)

Hot Meal

Sandwiches

Free Meal

Please indicate what your child usually takes as we have to enter this information on our data system.

ETHNIC ORIGIN:

Nationality: _____ Home Language spoken: _____ Religion: _____ Ethnic Origin: _____

TRANSPORT:

(Please tick)

Walk

Private Car

Public transport

Bike

Please indicate what your child's usual method of transport is, as we have to enter this information on our data system.

This confidential information shared with the school may entitle your child to benefits throughout their school life. Please tick if you are claiming any of the following benefits:

• Income Support

• Income-based Job Seekers Allowance

• Income-based Employment and Support Allowance

• Child tax credit and no working tax credit with a household income of less than £16,190

• Universal Credit The 'Guarantee' element of State Pension Credit

• Support under Part VI of the Immigration and Asylum Act 1999

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority - and with DfE and other departments for statistics and research purposes.

Signed: _____ Print Name: _____ Dated: _____