

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

**DATA COLLECTION FORM**



*Please complete using capital letters  
and return to school as soon as possible.*

**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: \_\_\_\_\_

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

**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

In order to meet the requirements of the new Data Protection Law 2018 (GDPR), our Privacy Notice is published on our school website: [www.st-chads-newcastle.staffs.co.uk](http://www.st-chads-newcastle.staffs.co.uk)

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_