



Data Collection Sheet

Surname		Forename	
Middle Name(s)		Chosen Name	
Gender		Date of Birth	
Address			
Post Code		Home Tel. No.	
Admission Date		Religion	

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

Priority	Name/Relationship	Home Address/Mobile	Work Address/Phone
<p>Please ensure that you inform us of any changes in your contact details immediately.</p>			

Doctor	
Address	
Telephone	
Medical Information <i>Details of any health issues we need to be aware of, including allergies. Please continue on a separate sheet if necessary.</i>	
Dietary Information	

Permission for Publicity

- I am happy for an individual picture or a group picture which includes my child to be used in newsletters, learning journeys, press, in classrooms and on video Y / N (please circle)
- I am happy for an anonymous picture of my child to be used on the school website. Y / N (please circle)

Parent/guardian signature.....

Print name.....