



Student Data Collection Form

Please complete the following form with your child's details. All fields should be completed in BLOCK CAPITALS, clearly marking fields that are not required.

Student Details

Personal Details

Forename:	<input type="text"/>	Address:	<input type="text"/>
Surname	<input type="text"/>		
Legal Forename	<input type="text"/>		
Legal Surname	<input type="text"/>	Postcode:	<input type="text"/>
Middle Name(s):	<input type="text"/>	Gender:	<input type="text"/>
		DOB:	<input type="text"/>

Medical Details:

Practice Name:	<input type="text"/>	Address:	<input type="text"/>
GP Name:	<input type="text"/>		
Telephone:	<input type="text"/>	Postcode:	<input type="text"/>

Medical Condition(s):

Medical Note(s):

Dietary Information

Dietary Needs(s):

Dietary Preferences:

Meal Arrangement: School Meal Packed Lunch Home

Travel Arrangements

- Bicycle Car/Van Taxi School Bus Other:
 Train Walk Car Share Private Bus

Additional Information:

Ethnicity:	<input type="text"/>	Religion:	<input type="text"/>
Home Language:	<input type="text"/>	First Language:	<input type="text"/>
Notes:	<input type="text"/>		

Parental Contact Details

Please give full details of all persons who have parental responsibility, and anyone else you wish to be contacted in an emergency. They should be placed in the order that you wish them to be contacted.

Priority Contact 1

- Parental Responsibility

Forename:	<input type="text"/>	Salutation:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Surname:	<input type="text"/>	Relationship:	<input type="text"/>
Home Address:	<input type="text"/>	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
	Postcode:		
Work Address:	<input type="text"/>	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
	Postcode:		



Priority Contact 2 Parental Responsibility

Forename:	<input type="text"/>	Salutation:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Surname:	<input type="text"/>	Relationship:	<input type="text"/>
Home Address:	<input type="text"/>	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
	Postcode:		
Work Address:	<input type="text"/>	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
	Postcode:		

Priority Contact 3 Parental Responsibility

Forename:	<input type="text"/>	Salutation:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Surname:	<input type="text"/>	Relationship:	<input type="text"/>
Home Address:	<input type="text"/>	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
	Postcode:		
Work Address:	<input type="text"/>	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
	Postcode:		



Priority Contact 4

Parental Responsibility

Forename:	<input type="text"/>	Salutation:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Surname:	<input type="text"/>	Relationship:	<input type="text"/>
Home Address:	<input type="text"/> Postcode:	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>
Work Address:	<input type="text"/> Postcode:	Tel:	<input type="text"/>
		Mobile:	<input type="text"/>
		Email:	<input type="text"/>

Sibling(s) Details

For providing access to student details on the VLE, we need to know any siblings your child has at the school. This will allow you to see all of your children collectively in the SIMS Learning Gateway.

Forename:	<input type="text"/>	Surname:	<input type="text"/>	DOB:	<input type="text"/>
Forename:	<input type="text"/>	Surname:	<input type="text"/>	DOB:	<input type="text"/>
Forename:	<input type="text"/>	Surname:	<input type="text"/>	DOB:	<input type="text"/>

Declaration

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 Local Authority and registered Government Agencies.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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