



PUPIL CONFIDENTIAL DATA COLLECTION SHEET

Please complete the details below:

CHILD'S SURNAME	CHILD'S FORENAME
MIDDLE NAME	CHOSEN NAME (if different)
DATE OF BIRTH	HOME TELEPHONE NO.
HOME ADDRESS	
POSTCODE	EMAIL ADDRESS

Please give details of all persons who have parental responsibility.

Adult's Name	Relationship to Child	Home Address and Telephone (if different to above)	Daytime/Work Address and Telephone

Please give details of anyone else who may be contacted in an emergency. Place them in the order in which they are to be contacted.

Adult's Name	Relationship to Child	Home Address and Telephone	Daytime/Work Address and Telephone

Doctor's Details						
Doctor				Telephone		
Address						
Arrangements for collecting your child at the end of the school day Please tick appropriate box						
Walk Alone	Parent	Childminder	Other			
Transport to and from school Please tick appropriate box						
Car	Car Share	Park & Stride	Walk	Cycle	Bus	Other
Meal arrangements at school Please tick appropriate box						
Free School Meal	Paid School Meal	Packed Lunch			Home	
Name of Previous School				From		To
Disability Disclosure					Yes	
I would like to disclose a disability as described by the Disability Discrimination Act 1995					No	

Please turn over and complete reverse