



### Data Collection Sheet

If any of your details have changed please complete the relevant sections of this form and return it to the school office.

<b>Surname:</b> <b>Forename:</b>	<b>Legal Surname:</b>
<b>Address:</b>	<b>Year:</b> <b>Reg Group:</b>
<b>Post Code:</b> <b>Telephone:</b> <b>Email:</b>	

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

Priority	Name / Relationship	Home Address / Phone / Mobile / Fax	Work Address Phone / Email
1		<b>Tel:</b> <b>Mobile:</b>	<b>Tel:</b> <b>Email:</b>
2		<b>Tel:</b> <b>Mobile:</b>	<b>Tel:</b> <b>Email:</b>
3		<b>Tel:</b> <b>Mobile:</b>	<b>Tel:</b> <b>Email:</b>

**Medical Practice:**  
**Address:**  
**Telephone Number:**

**Medical Condition(s)**

**Medical Note(s)**

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 with the DCSF.

Signature:

Date:

If you wish to inform us of any changes that are not on this sheet, please write on the back.  
Thank you.