



## Data Collection Form

All the personal information we hold is held and processed in accordance with data protection legislation. Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

<b>Pupil Surname</b>			
<b>Pupil Forename(s)</b>			
<b>Date of Birth</b>		<b>Gender</b>	<b>M/F</b>
<b>Full Address Including Post Code</b>			

<b>Parent Name</b> <i>Priority 1</i>		<b>Parent Name</b> <i>Priority 2</i>	
<b>Home telephone</b>		<b>Home telephone</b>	
<b>Mobile number</b>		<b>Mobile number</b>	
<b>Work number</b>		<b>Work number</b>	
<b>Email</b>		<b>Email</b>	
<b>Parental Responsibility</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Parental Responsibility</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communications</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communications</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please give details of all **other** 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 - continue overleaf if necessary.

<b>Emergency Contact 1</b>				<b>Emergency Contact 2</b>			
<b>Name</b>				<b>Name</b>			
<b>Relationship to family</b>				<b>Relationship to family</b>			
<b>Home telephone</b>				<b>Home telephone</b>			
<b>Mobile number</b>				<b>Mobile number</b>			
<b>Work number</b>				<b>Work number</b>			
<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communication</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communications</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Medical Practice</b> <i>(please include practice name, address and telephone number)</i>											
<b>Please specify any medical condition(s) and continue overleaf if necessary:</b>											
<b>Country of Birth</b>	<b>Nationality</b>	<b>Ethnicity</b>		<b>Home Language</b>	<b>First Language</b>	<b>Religion</b>					

**Data Protection Legislation:** The school is registered with the Information Commissioner for holding and processing of 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 other agencies including the Local Authority and the Department for Education. Please see our Privacy Notice for full details of how we use and share the above personal information.

**Please note** that you have the right to withdraw or amend your consent for the sharing of personal information at any time, although we will need to have certain personal information to fulfill our legal duties. You can notify us of a withdrawal of or any changes to your consent in writing by contacting (insert relevant school email address).

<b>Signed</b>	
<b>Print Name</b>	
<b>Date</b>	