



## DATA COLLECTION FORM NEW STARTERS

(Please complete all sections in block capitals)

### CHILD'S INFORMATION

LEGAL FORENAME..... LEGAL SURNAME.....

MIDDLE NAME..... PREFERRED SURNAME.....

DATE OF BIRTH..... MALE / FEMALE (please circle)

ADDRESS.....

..... POST CODE.....

### 1<sup>ST</sup> CONTACT DETAILS

TITLE..... FORENAME..... SURNAME.....

RELATIONSHIP TO CHILD..... PARENTAL RESPONSIBILITY.....

HOME TEL NO..... MOBILE ..... WORK.....

EMAIL ADDRESS.....

ADDRESS.....

..... POST CODE.....

PLACE OF WORK (If applicable).....

### 2<sup>ND</sup> CONTACT DETAILS

TITLE..... FORENAME..... SURNAME.....

RELATIONSHIP TO CHILD..... PARENTAL RESPONSIBILITY.....

HOME TEL NO..... MOBILE ..... WORK.....

EMAIL ADDRESS.....

ADDRESS.....

..... POST CODE.....

PLACE OF WORK (If applicable).....

**3rd CONTACT DETAILS**

TITLE..... FORENAME..... SURNAME.....

RELATIONSHIP TO CHILD..... PARENTAL RESPONSIBILITY.....

HOME TEL NO..... MOBILE ..... WORK.....

EMAIL ADDRESS.....

ADDRESS.....

..... POST CODE.....

PLACE OF WORK (If applicable).....

**FAMILY DETAILS**

**Please give details of any siblings:**

NAME..... AGE..... CURRENT SCHOOL.....

NAME..... AGE..... CURRENT SCHOOL.....

NAME..... AGE..... CURRENT SCHOOL.....

Are there any family issues that you think we should be aware of? YES / NO (please circle)

Please give further details on a separate sheet and return to the Heads of School via the office in an envelope marked "confidential" or request an appointment.

**FURTHER INFORMATION**

**(This information can be used to generate further funding for the school)**

Is your child eligible for free school meals, other than infant's universal meals? YES NO  
(If you are unsure please contact the school office)

Has either parent/step parent worked in the armed forces within the last 4 years? YES NO

Does your child have a statement of SEN (Special Educational Needs) YES NO

Has your child been adopted from care of a local authority? YES NO

**PREVIOUS SCHOOL HISTORY**

**Please include the names of all school or nursery attended and include the dates.**

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**FURTHER INFORMATION**

**(This information is required by the Department of Education)**

CHILD'S ETHNICITY .....

CHILD'S NATIONAL IDENTITY .....

CHILD'S RELIGION .....

FIRST LANGUAGE .....

LANGUAGE SPOKEN AT HOME .....

IS ENGLISH AN ADDITIONAL LANGUAGE FOR YOUR CHILD YES NO

**MEDICAL / DIETARY / ALLERGY**

DR'S SURGERY NAME & ADDRESS .....

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**MEDICAL CONDITIONS** (Please give details of any regular medication that your child may need to keep in school, e.g. asthma inhalers)

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**DIETARY NEEDS** (e.g. gluten, wheat) – **PLEASE NOTE THAT WE ARE A NUT FREE SCHOOL**

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**ANYTHING ELSE WE SHOULD BE AWARE OF?**

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**PARENTAL CONSENT**

**(Due to new GDPR laws we must have your SIGNED CONSENT for all of the following. If you DO NOT consent please leave the signature box blank)**

- 1. My child is permitted to leave the school site by foot for local off-site activities.

Print ..... Sign..... Date .....

- 2. I give permission for school to administer Calpol to my child. I understand that the school will try to contact me by phone prior to administering Calpol. If the school cannot contact me I consent to a single dose of age appropriate Calpol to be given to my child after due consideration by staff.

Print ..... Sign..... Date .....

- 3. I consent to my child’s photograph being taken in school and used solely within the school premises. (Such as classroom activities or display boards.)

Print ..... Sign..... Date .....

- 4. I consent to my child’s photograph to appear on the school website.

Print ..... Sign..... Date .....

- 5. I give permission for the school to pass my child’s name onto the selected photography company so that my child can have a professional school photograph taken.

Print ..... Sign..... Date .....

- 6. I give permission for my child’s photograph to appear in the media. (Such as the local newspaper)

Print ..... Sign..... Date .....

- 7. I give permission for my child (**under 5’s only**) to receive a carton of milk each day as part of the free school milk scheme. Once my child turns 5 I understand that the provision of **free** milk will stop.

Print ..... Sign..... Date .....

- 8. I give permission for my child to participate in food tasting in school and I have listed any known food allergies.

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Print ..... Sign..... Date .....