Data Collection Sheet

Surname:			Legal	Legal Surname:					
Forename:			Middl	Middle name(s):					
Preferred name:			Gender:						
Date of Birth:			Ethnicity:						
Address:			Religion:						
Post Code:		1 st Language/ Language spoken at home:							
Telephone:			Email:						
Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. You may add more to the back of this page if you wish. Place them in the order that you wish for them to be contacted in an emergency.									
Priority Name/Relationship	Home Add	ne/Mot	ne/Mobile/Fax Work			Address Phone/Email			
	Tel: Mobile:				Tel: Ema	iil•			
2						UI.			
	Tel: Mobile:		Tel: Email:						
3	Tel:	Tel:							
	Mobile:		Email:						
Travel Arrangements									
If the above information is incorrect						T.5		211	
Bicycle Train	Car/Van Walk			Taxi		Bus Other			
Does your child know of or have someone to travel with in the first few weeks of term? Please name them.									
Route to be taken:									
Distant Noods (Dusfanance									
Dietary Needs /Preferences Meal Arrangement	Type of meal		Mon	Tue	Wed	Thu	Fri		
	School Meal								
	Packed Lunch								
				1					
Medical Practice: Address:									
Telephone Number:									
Medical Condition(s)/ Note(s)									
Data Protection Act 1998: The school	l in registered :	under the	Data Dra	staction A	at for hold	ing paras	nal data	The ashaal	

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

Date:

Local Authority and with the DfE.

Signature:

Photography and Video Permission

Occasionally, we may take photographs of the student. These images may be used in our school prospectus or in other printed publications, social media as well as on our website. We may also take pictures, make video or webcam recordings for school-to-school conferences, monitoring or other educational use.

From time to time, our school may be visited by the media who will take photographs or film footage of a visiting dignitary or other high-profile event. Students will often appear in these images, which may appear in newspapers, or on televised programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Name of Pupil (Block Capitals) Name of Parent/Guardian						
I understand that images may be taken of my child as follows: • By the local media in covering school activities that show the school and pupils in a positive light. (e.g. Drama and musical performances, sports, prize-giving etc.) • By staff and photographers acting on behalf of the school for use in displays and publicity material.						
Having read the statement above, do you give your consent for photographs or other images to be taken and used? (please tick the appropriate box)	YES, I give my consent for pictures to be taken and used. NO, I do not give my consent for pictures to be taken and used.					
Signature of Parent/Guardian						
Date						