

Data Collection Sheet

Please complete and return to the school office

Surname: Forename: Chosen name: Date of Birth: Address: Post Code: Telephone: Email:	Legal Surname: Middle name: Gender: Reg Group: Year:
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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
		Tel: Mobile:	Tel: Email:
		Tel: Mobile:	Tel: Email:
		Tel: Mobile:	Tel: Email:

Travel Arrangements

Please tick the appropriate choice

- | | | | | | | |
|---|---|---|--------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Train | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Walk | <input type="checkbox"/> Taxi | <input type="checkbox"/> School Bus | <input type="checkbox"/> Car Share |
| <input type="checkbox"/> London Underground | <input type="checkbox"/> Public Bus Service | <input type="checkbox"/> Metro/Train/Light Rail | <input type="checkbox"/> Other | | | |

Route

Dietary Needs

Meal Arrangement

Please tick the appropriate choice

- | | | | | |
|---|---|-------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Free School Meal | <input type="checkbox"/> Paid School Meal | <input type="checkbox"/> Sandwiches | <input type="checkbox"/> Home | <input type="checkbox"/> Other |
|---|---|-------------------------------------|-------------------------------|--------------------------------|

Medical Practice:

Address:

Telephone Number:

Medical Condition(s):

Medical Note(s):

Photo Consent:

I give permission for photographs to be taken of my child to be used for school publicity purposes.

Please put a cross in the box if you do not agree to this.

Ethnicity :

Home Language:

Religion:

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 DfES.

Signature:

Date:

RALPH ALLEN SCHOOL

Guidelines for completing the Data Collection Sheet

Please use the following categories when completing the Ethnic Origin section of the Data Collection Sheet overleaf:

Ethnic Origin

White British	White Irish	Traveller of Irish Heritage	Any other White Background
White and Black Caribbean	White and Black African	White and Asian	Any other Mixed Background
Indian	Pakistani	Bangladeshi	Any other Asian Background
Black Caribbean	Black African	Any other Black Background	Chinese
Any other Ethnic Group	Refused	Gypsy Roma	