Pupil Data Collection 2022-2023

PUPIL PERSONAL INFORMATION

LEGAL SURNAME		**PREFERRED SURNAME**	
LEGAL FORENAME		**PREFERRED FORENAME**	
MIDDLE NAME(S)		**GENDER (Circle)**	**Male / Female**
BIRTH CERTIFICATE SEEN		**DATE OF BIRTH:**	____/_____/ _____
CHILD'S MAIN HOME ADDRESS			
ETHNICITY		**RELIGION**	
IS ENGLISH THE CHILD'S FIRST LANGUAGE?	**YES / NO**	**IF NO, PLEASE INDICATE LANGUAGE**	
PREVIOUS SCHOOL/NURSERY			
From:	/ /	**To:**	/ /
MEAL TYPE (please circle)	**School Meal**	**Packed Lunch**	
MODE OF TRAVEL	Circle on which will be used most often		**Car / Walk / Bus**

PARENT 1			**RELATIONSHIP TO CHILD**		
TITLE		**FORENAME**		**SURNAME**	
DATE OF BIRTH			**PARENTAL RESPONSIBILITY**	**Yes / No**	
HOME ADDRESS including post code					
TELEPHONE NUMBERS	**HOME:** **WORK:** **MOBILE:**				
E-MAIL ADDRESS					
NATIONAL INSURANCE NUMBER		**THIS IS USED TO CHECK PUPIL PREMIUM ELIGIBILTY**			

PARENT 2			**RELATIONSHIP TO CHILD**		
TITLE		**FORENAME**		**SURNAME**	
DATE OF BIRTH			**PARENTAL RESPONSIBILITY**	**Yes / No**	
HOME ADDRESS including post code					
TELEPHONE NUMBERS	**HOME:** **WORK:** **MOBILE:**				
E-MAIL ADDRESS					
NATIONAL INSURANCE NUMBER		**THIS IS USED TO CHECK PUPIL PREMIUM ELIGIBILTY**			

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.

3. *If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility'

PARENT 3			**RELATIONSHIP TO CHILD**		
TITLE		**FORENAME**		**SURNAME**	
DATE OF BIRTH		**PARENTAL RESPONSIBILITY**	**Yes / No**		
HOME ADDRESS including post code					
TELEPHONE NUMBERS	**HOME:** **WORK:** **MOBILE:**				
E-MAIL ADDRESS					
NATIONAL INSURANCE NUMBER		**THIS IS USED TO CHECK PUPIL PREMIUM ELIGIBILTY**			

PARENT 4			**RELATIONSHIP TO CHILD**		
TITLE		**FORENAME**		**SURNAME**	
DATE OF BIRTH		**PARENTAL RESPONSIBILITY**	**Yes / No**		
HOME ADDRESS including post code					
TELEPHONE NUMBERS	**HOME:** **WORK:** **MOBILE:**				
E-MAIL ADDRESS					
NATIONAL INSURANCE NUMBER		**THIS IS USED TO CHECK PUPIL PREMIUM ELIGIBILTY**			

EMERGENCY CONTACT INFORMATION – IN PRIORITY ORDER

Please provide below the names of at least three people who can be contacted by school in emergency. (Repeat information from overleaf if necessary) In an medical emergency parents will always be contacted.

1	**TITLE**		**FORENAME**		**SURNAME**	
	HOME:		**WORK:**		**MOBILE:**	
	RELATIONSHIP TO CHILD					
2	**TITLE**		**FORENAME**		**SURNAME**	
	HOME:		**WORK:**		**MOBILE:**	
	RELATIONSHIP TO CHILD					
3	**TITLE**		**FORENAME**		**SURNAME**	
	HOME:		**WORK:**		**MOBILE:**	
	RELATIONSHIP TO CHILD					

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW.

Signature _____ **Date** _____

Name (please print) _____ **Relationship to child**_____