**Data Collection Sheet**

**Please complete and return to the school office as soon as possible**

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| **Child’s Details** | | | | | | | | |
| Legal first name: |  | | | Home address: | |  | | |
| Preferred first name: |  | | |
| Middle name(s): |  | | |
| Legal surname: |  | | |
| Preferred Surname: |  | | |
| Date of birth: |  | Checked by office |  | Gender: |  | | Class: |  |

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| **Priority Contact 1 – Primary Carer** | | | | | | | |
| Relationship to child: |  | | | Address:  *(if different from above)* |  | | |
| Title: |  | | |
| First name: |  | | |
| Surname: |  | | |
| Email address: |  | | | | | | |
| Phone No: | mobile |  | home |  | | work |  |
| *Please highlight which number is the main contact number to use* | | | | | | |

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| **Priority Contact 2** | | | | | | | |
| Relationship to child: |  | | | Address:  *(if different from above)* |  | | |
| Title: |  | | |
| First name: |  | | |
| Surname: |  | | |
| Email address: |  | | | | | | |
| Phone No: | mobile |  | home |  | | work |  |
| ***Please highlight which number is the main contact number to use*** | | | | | | |

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| **Other emergency contact details** | | | | | | |
| **Contact 3** | Relationship to child: |  | Name: |  | Phone No: |  |
| **Contact 4** | Relationship to child: |  | Name: |  | Phone No: |  |

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| **Please give details of any siblings** | | | |
| First name | Surname | Date of birth | School attending |
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| **Nursery/pre-school provision/ previous school attended** | | | |

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| **Ethnicity** | | | | |
| Nationality | Ethnicity | Language spoken at home |  | |
|  |  |  |  | |
| Is English spoken as an additional language? **Yes/No** | | | | |
| Tick this box if you would prefer not to disclose this information | | | |  |

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| **Medical Details** | | | | | | |
| Medical Practice: |  | | | | | |
| Address: |  | | | | | |
|  | | | | Phone No: |  | |
| Does your child suffer from asthma? | | **Yes/No** | Do they require an inhaler in school? | | | **Yes/No** |
| Any other medical conditions?  *(Please obtain a medical form from the School Office if your child requires an inhaler in school or any other medication)* | | | | | | |
|  | | | | | | |

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| **Dietary Needs** | |
| Any dietary needs?  *(e.g. Vegetarian, halal)* |  |
| Any allergies? |  |

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| The information you have given on this form will be held by the school and Bradford Metropolitan District Council Children’s Services. It will be shared within Bradford Metropolitan District Council and its contractors in order to provide and plan services, e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisers, practitioners and other relevant agencies such as Children’s Centres to inform their practice. It will be forwarded to your child’s new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.  All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. | | | | | |
| **By signing this form:**   * I confirm that I have parental responsibility for this child * I confirm I have sought the agreement and consent of each of the named individuals to be named as an emergency contact for my child * I note the above statement and believe the information provided in this form to be correct as of this date * I agree that I will inform the school of ant changes that may occur whilst my child attends this school | | | | | |
| Any additional information you would like to share: | | | | | |
| **Signature:** |  | **Print name:** |  | **Date:** |  |