**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: | Click or tap here to enter text. | | | Home address: | | Click or tap here to enter text. | | |
| Preferred first name: | Click or tap here to enter text. | | |
| Middle name(s): | Click or tap here to enter text. | | |
| Legal surname: | Click or tap here to enter text. | | |
| Preferred Surname: | Click or tap here to enter text. | | |
| Date of birth: | Click or tap to enter a date. | Checked by office |  | Gender: | Choose an item. | | Class: |  |

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| **Priority Contact 1 – Primary Carer** | | | | | | | |
| Relationship to child: | Choose an item. | | | Address:  *(if different from above)* | Click or tap here to enter text. | | |
| Title: | Choose an item. | | |
| First name: | Click or tap here to enter text. | | |
| Surname: | Click or tap here to enter text. | | |
| Email address: | Click or tap here to enter text. | | | | | | |
| Phone No: | mobile | Click or tap here to enter text. | home | Click or tap here to enter text. | | work | Click or tap here to enter text. |
| *Please highlight which number is the main contact number to use* | | | | | | |

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| **Priority Contact 2** | | | | | | | |
| Relationship to child: | Click or tap here to enter text. | | | Address:  *(if different from above)* | Click or tap here to enter text. | | |
| Title: | Choose an item. | | |
| First name: | Click or tap here to enter text. | | |
| Surname: | Click or tap here to enter text. | | |
| Email address: | Click or tap here to enter text. | | | | | | |
| Phone No: | mobile | Click or tap here to enter text. | home | Click or tap here to enter text. | | work | Click or tap here to enter text. |
| ***Please underline which number is the main contact number to use*** | | | | | | |

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| **Other emergency contact details** | | | | | | |
| **Contact 3** | Relationship to child: | Click or tap here to enter text. | Name: | Click or tap here to enter text. | Phone No: | Click or tap here to enter text. |
| **Contact 4** | Relationship to child: | Click or tap here to enter text. | Name: | Click or tap here to enter text. | Phone No: | Click or tap here to enter text. |

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| **Please give details of any siblings** | | | |
| First name | Surname | Date of birth | School attending |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
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| **Nursery/pre-school provision/ previous school attended** Click or tap here to enter text. | | | |

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| **Ethnicity** | | | | |
| Nationality | Ethnicity | Language spoken at home |  | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  | |
| 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: | Click or tap here to enter text. | | | | | |
| Address: | Click or tap here to enter text. | | | | | |
|  | | | | Phone No: | Click or tap here to enter text. | |
| 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)* | | | | | | |
| Choose an item. | | | | | | |

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| **Dietary Needs** | |
| Any dietary needs?  *(e.g. Vegetarian, halal)* | Choose an item. |
| Any allergies? (not dislikes) | Click or tap here to enter text. |

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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 | | | | | |
|  | | | | | |
| **Signature:** | Click or tap here to enter text. | **Relationship to child** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

**Please use the space below to include any further information you feel will be relevant i.e. any additional information regarding his/her health, allergies, family circumstances, adoption/SGO etc.**

Click or tap here to enter text.