

**DATA COLLECTION SHEET**

Please complete all sections of the form and return to the school office.

Child's Surname: ..... Child's Forename: .....  
Child's Date of Birth: ..... Child's Gender: Male / Female  
Child's registered address: .....  
Postcode: .....

**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.**

First Contact's Name: Mr/Mrs/Miss/Ms/Other: ..... Relationship to child: .....  
Home Address: .....  
Home Telephone Number: ..... Mobile: .....  
Work Telephone: ..... Email: .....  
Parental Responsibility: Yes / No

Second Contact's Name: ..... Relationship to child: .....  
Home Address: .....  
Home Telephone Number: ..... Mobile: .....  
Work Telephone: ..... Email: .....  
Parental Responsibility: Yes / No

Third Contact's Name: ..... Relationship to child: .....  
Home Address: .....  
Home Telephone Number: ..... Mobile: .....  
Work Telephone: ..... Email: .....  
Parental Responsibility: Yes / No

Medical Practice: .....  
Address: .....  
Telephone Number: .....  
GP's Name: .....

Medical Conditions:  
.....  
.....  
.....

**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 DCSF.

Signature: ..... Date: .....  
Print Name: .....

\*\*\*\*\* PLEASE TURN OVER AND COMPLETE SECOND PAGE \*\*\*\*\*

Dietary Needs / Food Allergies:

Dietary Preferences:

Meal Arrangements: *Please tick your child's preference*

Type of Meal	Mon	Tues	Weds	Thurs	Fri
School Meal					
Packed Lunch					

Travel Arrangements: *Please indicate your mode of travel*

Bicycle  Train  Car / Van  Walk  Taxi  Car Share  London Underground

Public Bus Service  Metro / Tram / Light Rail  Other

Route

Ethnicity: ..... Home Language: .....

Religion: .....

Name of Parish: .....

Address: .....

Parental Consent: *Please indicate the categories you give permission for*

Photos  Internet Access  Walking to Church  Walking to Fairfield Halls

Walking to Croydon College  Walking to Croydon Library