

DATA COLLECTION SHEET

Please enter the information below and return to the school office.

Surname:	Legal Surname:
Forename:	
Chosen name:	Middle Name
Date of Birth:	Gender
Address:	
Post Code	

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
1		Tel: Mobile	Tel: Email:
2		Tel: Mobile:	Tel: Email:
3		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

PLEASE TURNOVER TO COMPLETE AND SIGN THE FORM

Dietary Needs**Dietary Preferences****Meal Arrangement**

Please Indicate Below

Type of meal	Mon	Tue	Wed	Thu	Fri
School Meal					
Home Packed Lunch					

Medical Practice**Address****Telephone Number****Medical Condition(s)****Medical Note(s)****Disabilities****Ethnicity:****Religion:****Home Language:****First Language:****Country of Birth:****Nationality:**

To comply with the new General Data Protection Regulations (GDPR), we need your permission to hold this personal information whilst your child attends Benington Primary School. The data will be used and processed in accordance with the Privacy Notices which are available on the School website.

Signature:**Date:**