St Paul's Catholic Primary School

Data Collection Sheet

Please complete the information and return to the school office.

Legal Surname		**Preferred Surname**		**Year Grp**	
Legal Forename		**Preferred Name**		**Reg Grp**	
Middle Name		**Date of Birth**		**Gender**	
Address					

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/Email	Work Address/Phone/Email
	Name: **Relationship:**	**Address:** **Tel:** **Mobile:** **Email:**	**Company Name:** **Tel:** **Email:**
	Name: **Relationship:**	**Address:** **Tel:** **Mobile:** **Email:**	**Company Name:** **Tel:** **Email:**
	Name: **Relationship:**	**Address:** **Tel:** **Mobile:** **Email:**	**Company Name:** **Tel:** **Email:**

Travel Arrangements	Please tick **ONE** option below							
Bicycle		Car/Van		Walk		Taxi		Car Share	
Dedicated School Bus		Public Bus Service		Train		Other			

Dietary Needs/Allergies:	

Medical Practice	**Address**	**Telephone Number**

Medical Condition(s):	

Disabilities:	

Ethnicity:		**First\Home Language:**	
Religion:		**Country of Birth**	
Nationality			

GDPR 2018: *The school is compliant with the General Data Protection Regulation which means we seek your specific consent to use the data we are collecting within this data collection sheet for the purposes as detailed within the Privacy Policy on the School website. We request that you sign this form to confirm that you are giving us your specific consent for the use of this data for the specific purpose outlined only.*

Signature: **Date:**