

### Pupil Data Collection Sheet

The school and the Local Education Authority are required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes.

CHILD			
<b>Class:</b>		<b>Date of birth:</b>	<b>Sex (M/F)</b>
<b>Legal Surname of child:</b>		<b>Preferred surname:</b>	
<b>Legal Forename of child:</b>		<b>Preferred forename:</b>	
<b>Middle name</b>			
<b>Parent/Guardian 1 :</b>		<b>Parent/Guardian 2 :</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Does this parent/guardian have parental responsibility?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Does this parent/guardian have parental responsibility?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If parents are separated or divorced has a court order been issued?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>If parents are separated or divorced has a court order been issued?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Address Details</i>		<i>Address Details</i>	
<b>House/Flat No.</b>		<b>House /Flat No.</b>	
<b>Building/Flat name</b>		<b>Building/Flat name</b>	
<b>Street Name</b>		<b>Street name</b>	
<b>District/Village/Town</b>		<b>District/Village/Town</b>	
<b>County</b>		<b>County</b>	
<b>Post code</b>		<b>Post code</b>	
<b>Home Telephone:</b>		<b>Home Telephone:</b>	
<b>Please tick the box if the child lives at this address</b> <input type="checkbox"/>		<b>Please tick the box if the child lives at this address</b> <input type="checkbox"/>	

Medical Details		
<b>Doctor's Name and Surgery:</b>	<b>Doctor's Telephone No:</b>	<b>Dietary Needs:</b>
<b>Medical Condition of Child:</b>		<b>Has a Statement of Special Educational Needs been issued in respect of your Child?</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Position of child in family (Please circle)</b>		<b>Name and Address of Previous School (if applicable)</b>
1   2   3   4   5		

Other children in the family:			
<b>Name:</b>		<b>DOB:</b>	<b>School:</b>
<b>Name:</b>		<b>DOB:</b>	<b>School:</b>
<b>Name:</b>		<b>DOB:</b>	<b>School:</b>

### Emergency Contact Details

Please list below all Parents and Contacts, and use the first column (priority number) to show in which order people should be contacted in the case of an emergency. These are very important to us. If your child becomes ill during the day we need to be able to contact you, or someone acting for you who are able to collect your child. Please give at least two contact numbers.

We suggest the telephone numbers of any place of work and one other emergency contact, perhaps a grandparent if they live close by. If you have no relatives in the area then ask a friend, neighbour or child minder if they would be willing to act as an emergency contact.

Priority	Name	Relationship	Address & Postcode	Phone No.
				1.
				2.
				1.
				2.
				1.
				2.

### ETHNICALLY based STATISTICS (To be completed on behalf of all children)

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools.

Ethnic Origin of Child	Language normally spoken in the child's home										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;"> <b>White</b>  <input type="checkbox"/> British  <input type="checkbox"/> Irish  <input type="checkbox"/> Irish Traveller  <input type="checkbox"/> Gypsy/Roma  <input type="checkbox"/> Any other White background                 </td> <td style="width: 50%; border: 1px solid black;"> <input type="checkbox"/> White/Asian  <input type="checkbox"/> Any other Mixed  <input type="checkbox"/> Any other Black  <input type="checkbox"/> Other Ethnic group  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Chinese                 </td> </tr> <tr> <td style="border: 1px solid black;"> <b>Asian or Asian British</b>  <input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Any other Asian background                 </td> <td style="border: 1px solid black; vertical-align: top;"> <input type="checkbox"/> <i>I do not wish an ethnic background category to be recorded</i> </td> </tr> <tr> <td style="border: 1px solid black;"> <b>Black or Black British</b>  <input type="checkbox"/> Caribbean  <input type="checkbox"/> Somali  <input type="checkbox"/> Other Black African                 </td> <td style="border: 1px solid black; 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Religion of Child	
<input type="checkbox"/> Anglican <input type="checkbox"/> Baptist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Methodist <input type="checkbox"/> Muslim	<input type="checkbox"/> No religion <input type="checkbox"/> Other <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Sikh <input type="checkbox"/> Unclassified <input type="checkbox"/> United Reform Church

Pupil's Usual Mode of Transport to School	
<input type="checkbox"/> Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Car/Van <input type="checkbox"/> Car Share (with a different household) <input type="checkbox"/> Public service bus <input type="checkbox"/> Dedicated school bus	<input type="checkbox"/> Bus (type not known) <input type="checkbox"/> Taxi <input type="checkbox"/> Train <input type="checkbox"/> London Underground <input type="checkbox"/> Metro/Tram/Light Rail <input type="checkbox"/> Other

We/I am eligible for free school meals (please tick)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in block capitals): \_\_\_\_\_ Title: \_\_\_\_\_