



**DATA COLLECTION SHEET**

Please check that the information below is correct.  
 Complete any missing details, and return to the school office.

<b>Surname:</b>	<b>Legal Surname:</b>
<b>Forename:</b>	<b>Middle name:</b>
<b>Chosen name:</b>	<b>Gender:</b>
<b>Date of Birth:</b>	<b>Year:</b>
<b>Address:</b>	<b>Reg Group:</b>
<b>Post Code:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

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/	Work Address Phone/Email
1		Tel: Mobile:	Tel: Email:
2		Tel: Mobile:	Tel: Email:

**Medical Practice:**  
**Address:**

**Telephone Number:**

**Medical Condition(s) / Note(s)**

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Does your child have any special needs or disabilities?

**Special diets / Allergies :**

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**Ethnicity :**

**Home Language:** **Religion:**

**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 Education Authority and with DE.

**Signature:** **Date:**



Diocese of Chester

