

SURNAME:

FORENAME:

LEGAL SURNAME:



DATA COLLECTION SHEET

PLEASE COMPLETE THE BELOW INFORMATION AND THEN RETURN TO THE SCHOOL OFFICE OR CHILDS $\underline{\mathsf{TUTOR}}$

MIDDLE NAME:					
CHOSEN NAME:					
DATE OF BIRTH:					
EMAIL ADDRESS):				
GENDER:					
STUDENT PHONE	E NUMBER:				
HOME ADDRESS	HOME ADDRESS:				
emergency. Priority	/ No1 will go to I	both parents where appr	opriate to enable		
Name	Relationship to student	Home Address	Phone Number	Email Address	Priority (1,2 or 3)
			1	L	ı

Please tick the below options that apply to your child.

TRAVEL ARRANGEMENTS:

Walk	Bus	Car	Other

MEAL ARRANGEMENTS:

Packed Lunch	School Meal	Other

ENTITLED TO FREE SCHOOL MEALS:

Yes	No

SERVICE FAMILY INDICATOR: YES or NO

Mother	Father

MEDICAL INFORMATION:				
Doctors Name:	Surgery N	Name:	Phone Number:	
ETHNICITY:				
ENGLISH AN ADDITIONAL LANGUAG	GE: Y	YES or NO		
HOME LANGUAGE:				
FIRST LANGUAGE:				
RELIGION:				
If you feel that we require any additional	l information please a	dvise in the box b	pelow	

The information that you have provided will be used to complete both manual and electronic pupil records. From time to time the information will be shared with the Local Authority and Department for Education for the provision of educational services and to contribute to local and national statistics. Please refer to our privacy notice which is available on our school website www.plymstockschool.org.uk

Plymstock School complies with the current Data Protection Legislation 2018.

Signature:

Date:

