DATA COLLECTION SHEET

PLEASE COMPLETE THE BELOW INFORMATION AND THEN RETURN TO THE SCHOOL OFFICE OR CHILDS TUTOR

SURNAME:
LEGAL SURNAME:
FORENAME:
MIDDLE NAME:
CHOSEN NAME:
DATE OF BIRTH:
ADDRESS:
GENDER:
STUDENT PHONE NUMBER:

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Priority No1 will go to both parents where appropriate to enable access to MYED

Name/Relationship	Home Address if different to student	Phone Number	Email Address	PR Y or N

Please	tick the	helow	ontions	that	apply to	VOUR (hild
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TRAVEL	ARRAN	NGEN	MEN.	TS:
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Walk	Bus	Car	Other

MEAL ARRANGEMENTS:

Packed Lunch	School Meal	Other

ENTITLED TO FREE SCHOOL MEALS:

Yes Please Provide Evidence of this, In the form of an email or Letter from the Local Authority	No

SERVICE FAMILY INDICATOR: YES or NO, PLEASE CIRCLE THE BELOW OPTION THAT APPLIES TO YOU.

Mother	Father
NAVY	NAVY
ARMY	ARMY
RAF	RAF
MARINES	MARINES
OTHER	OTHER

MEDICAL INFORMATION:

Doctors Name:	Surgery Name:	Phone Number:

If you feel that we require any additional information please advise in the box below:
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: