|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE** | Date of Admission to School: | Class: | Data entered: |

# DATA COLLECTION FORM

# Please complete the details below and return this form to your child’s teacher as soon as possible

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preferred Surname:** |  | **Legal Surname:**  (if different) | |  | |
| **Preferred Forename:** |  | **Legal Forename:**  (if different) | |  | |
| **Middle name:** |  | **Gender:** | | **Male  Female** | |
| **Date of Birth:** |  | **Brother/Sister in School** | | **Yes  No** | |
| **Address:**  *(Must include House Name or House Number)* |  | | | | |
|  | | **Post Code:** | |  |

**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 priority/order that you wish for them to be contacted.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Parent /Guardian** | | **Relationship to Pupil e.g. Parent/Step-parent:** Click or tap here to enter text. | | | | | | |
| **Surname:** | | | **Forename:** | | | **Title:** | | **Mr/Mrs/Ms** |
| **Address:** | | | | | | **Postcode:** | | |
| **Home Tel:** | | | | **Mobile:** | | | **Text Service (see below):** | |
| **Work Tel:** | | | | **Email** | | | | |
| **2. Parent /Guardian** | | **Relationship to Pupil e.g. Parent/Step-parent:** Click or tap here to enter text. | | | | | | |
| **Surname:** | | | **Forename:** | | | **Title:** | | **Mr/Mrs/Ms** |
| **Address:** | | | | | | **Postcode:** | | |
| **Home Tel:** | | | | **Mobile:** | | | **Text Service (see below):** | |
| **Work Tel:** | | | | **Email:** | | | | |
| **3. Other Contact** | **Relationship to Pupil e.g Grandparent/Childminder:** Click or tap here to enter text. | | | | | | | |
| **Surname:** | | | **Forename:** | | | **Title:** | | **Mr/Mrs/Ms** |
| **Home Tel:** | | | | | **Mobile:** | | | |

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| **Meal Arrangements (Select choice) Paid School Meal** | **Eligible for Free Meals Yes** |

|  |  |
| --- | --- |
| **Medical Practice:** | **Telephone:** |
| **Address of Medical Practice:** | |
| **Medical Information:** | |
| **Special Dietary Needs:** | |

|  |  |  |
| --- | --- | --- |
| **Ethnicity White** | **Home Language English** | **Religion** Choose an item. |

**Text Service Number:**

The school uses a Text Service to inform nominated parent/guardian contacts of events or unplanned closures. Please tick the mobile number on which you wish to receive the Text Message.

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| The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)  The school has a duty to protect this data and to keep it up to date.  The school is required to share some of the data with the Education Authority and with the Department of Education. | |
|  | |
| **Signature:** | **Date:** |