CRANBORNE MIDDLE SCHOOL

CRANBORNE WIMBORNE DORSET BH21 5RP

DATA COLLECTION SHEET

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Legal Surname:** |  |
| **Forename:** |  | **Middle name:** |  |
| **Chosen name:** |  | **Gender:** |  |
| **Date of Birth:** |  |
| **Address:**  |  |
| **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 order that you wish for them to be contacted in an emergency. The Children Act (1989) requires that pupil records and admission registers must show all people with parental responsibility and not just the parents with whom the pupil is living.

**Please note:** Any contacts that are marked as having parental responsibility will have full access to the information we hold about your son or daughter, and it is your responsibility to make sure this information is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name/****Relationship** | **Home Address** | **Telephone Numbers and Email Address** |
| 1. | Please 🗸 if you have parental responsibility |  | **H Tel:****W Tel:** **Mobile:** **Email:** |
| 2. | Please 🗸 if you have parental responsibility |  | **H Tel:****W Tel:** **Mobile:** **Email:** |
| 3. | Please 🗸 if you have parental responsibility |  | **H Tel:****W Tel:** **Mobile:** **Email:** |
| Is either parent a member of the Armed Forces? | **Yes No\***(\* please delete as appropriate) |
| Due to family circumstances, is a duplicate report required? | **Yes No\***(\* please delete as appropriate) |

**PTO**

|  |  |
| --- | --- |
| **Doctor:** |  |
| **Address:****Telephone:****Medical Conditions:** |  |
|  |  |

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| Communications: To ensure that letters reach parents, we use ‘Parentmail’ to email notifications, and text messages to communicate urgent messages, such as the cancellation of after-school clubs and the closure of school in an emergency. Please ensure you provide your personal email addresses and mobile telephone numbers so that these communications reach you. (If you do not have these, communications will be sent home with the pupil). |

|  |  |
| --- | --- |
| **Travel Arrangements:** |  |
| Please tick the appropriate choice: |
|  |  | Bicycle |  | Walks |  | Car |  | Taxi |  | School Coach |  |  |
|  |  |

|  |  |
| --- | --- |
| Dietary Needs: |  |
| Meal Arrangement: | Please tick the appropriate choice: |
|  |
|  |  | Free School Meal |  | Paid School Meal |  | PackedLunch |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity:** |  | **Home Language:** |  |
| **Nationality:** |  | **Country of Birth:** |  |
| **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 Local Education Authority and with the DfES. |
|  |
| **Name of Previous School:** |
| **Tel No:** |
| **Signature:** |

Please return in an envelope if you wish.

Many thanks for your co-operation. If you have any queries please do not hesitate to contact us.

R Stevens

Headteacher