

# DATA COLLECTION SHEET

<b>Surname:</b>	<b>Legal Surname:</b>	
<b>Forename:</b>	<b>Middle Name(s):</b>	
<b>Chosen Name:</b>	<b>Gender:</b>	
<b>Date of Birth:</b>	<b>Year:</b>	<b>Reg Group:</b>
<b>Address:</b>	<b>Postcode:</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 you wish them to be contacted in an emergency.

Priority	Name/Relationship	Parental Responsibility Y/N	Home Address/Phone/Mobile/Email	Work Address Phone/Email
1				Tel: Email:
2				Tel: Email:
3				Tel: Email:

<b>Travel Arrangements</b>	<i>Please tick as appropriate</i>
Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Car Share <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> Train <input type="checkbox"/> Walk <input type="checkbox"/> Other <input type="checkbox"/>	

<b>Dietary Needs:</b>	
<b>Meal arrangements</b>	<i>Please tick as appropriate</i>
Free school meal <input type="checkbox"/> Paid school meal <input type="checkbox"/> Sandwiches <input type="checkbox"/> Other <input type="checkbox"/>	

<b>Doctor :</b>
<b>Surgery address:</b>
<b>Telephone Number:</b>
<b>Medical Information: (see also the additional sheet included with this pack)</b>

<b>Ethnicity:</b>	
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 Local Education Authority and with the DfES.	
Signature:	

<b>Previous School:</b>
Address of previous school:

**NETHER STOWE SCHOOL**  
**ADDITIONAL INFORMATION**

Name of student ..... Date of Birth .....

Home address .....

Name of person with parental responsibility .....

Telephone No. .... Mobile No. ....

Name of Emergency Contact and Tel. No. ....

**Please be kind enough to provide the following information:**

- Does your child have any problems with eyesight ? **Yes/No**
- Should your child wear glasses ? **Yes/No**
- If your child should wear glasses, should they be worn  
 all the time     for seeing the board in class and distance     for reading and close work

- Other areas of difficulty with eyesight - **please specify**
- Does your child have any hearing difficulties ? **Yes/No**  
If your child does suffer from hearing difficulties, what is the problem?

- Will you give your consent to a hearing test for your child? **Yes/No**

- Does your child suffer from –

asthma	<b>Yes/No</b>	eczema	<b>Yes/No</b>
hayfever	<b>Yes/No</b>	migraine	<b>Yes/No</b>
diabetes	<b>Yes/No</b>	allergies	<b>Yes/No</b>

- **If your child suffers from any other allergies, please give details on the reverse of this sheet**
- If your child will need to take routine medication during school hours, please give the following details  
Name of medicine .....  
Dose ..... Time of day to be taken .....

- Does your child have Special Educational Needs? **Yes/No**  
If **yes**, do you know the status level? (please circle)  
K                      E(EHCP)

- What is the nature of his/her difficulties? (please circle)  
Communication & Interaction      Cognition & Learning      Social, emotional and mental health  
Sensory and/or physical

- Does your child have any behaviour issues **Yes/No**  
If yes has there been any involvement with outside agencies to support? Please specify.....  
.....

**If there is any other information concerning your child's health and/or physical abilities which the school needs to be aware of - please give details on the reverse of this sheet**

Name, surgery address and telephone number of Family Doctor :  
.....

Signed ..... Date .....  
*(person with parental responsibility)*