

**KEXBOROUGH PRIMARY SCHOOL
DATA COLLECTION FORM**

Child's name		Date of Birth:	
Home address:		Post Code:	
Previous school / Nursery if applicable:			

Details of Parents

Parent 1

Full name		Priority *:	
Home address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	
Email Address:		Parental responsibility? Yes / No	

Parent 2

Full name		Priority *:	
Home address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	
Email Address:		Parental responsibility? Yes / No	

*Note the priority order someone should be contacted in the case of an emergency in school

(ie: 1st, 2nd, 3rd, 4th etc)

Kexborough Primary runs a text message service. The Priority #1 contact will receive relevant messages in the event of an emergency or school closure. Please tick the box to confirm you **wish to receive SMS** text messages.

Emergency contact numbers alternative to parents/guardian

Emergency Contact 1 Relationship to child: _____

Full name		Priority *:	
Home address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	

Emergency Contact 2 Relationship to child: _____

Full name		Priority *:	
Home address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	

Emergency Contact 3 Relationship to child: _____

Full name		Priority *:	
Home address:		Post Code:	
Home telephone:	Mobile:	Day / Work Telephone:	

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Do any of the following apply? Please attach a copy of legal document(s) if applicable

Adoption Court Order Residency Order
 Special Guardianship Any other Restrictions (please provide details)

Details of any other Restrictions:

Medical Information

Doctors	
Doctors address	
Doctors phone No.	

Medical conditions

My child has NO current medical needs

My child has a medical condition, or is undergoing investigations (please complete a **Medical Information Collection Form**).

Special Needs

Does your child have any special needs? Yes / No (please delete as appropriate)

Ethnicity

Country of birth: _____

Nationality _____

1st Language _____

Ethnicity

White British	White Irish	Other white background	M – white & black Caribbean
M - White & Black African	M -White & Asian	M –any other	AAB -Pakistani
AAB Bangladeshi	AAB - Indian	AAB - any other	BBB - Caribbean
BBB - African	BBB – any other	Chinese	Arab
Other ethnicity:	I do not want an ethnic background to be recorded		
M = Mixed AAB = Asian or Asian British BBB = Black or Black British			

Sibling information (if any)

Name	School
1.	
2.	
3.	

I/We consent to the school (through the head as the person responsible) obtaining, using, holding and disclosing "Personal data" including "sensitive personal data" (such as medical information), for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the School and ensuring that all relevant legal obligations of the school and ourselves are complied with. I/ We give my/our consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the General Data Protection Regulation 2018..

Signature Date

