



## FEDERATION OF ST SEBASTIAN'S AND ST CUTHBERT'S

To: Parents/Guardians

### Data Collection

Please update your contact details for your child in school. Please note there is room overleaf for further contact information should you need it. It is imperative that we hold an accurate address and telephone number in case of accident or emergency.

Surname: ..... Forename: ..... Class: .....

Home Address: ..... Postcode: .....

Email Address: .....

Home telephone number: ..... Date of birth: .....

Please provide a mobile number to receive school texts: .....

*Please put a tick by the method of transport which is applicable to you*

Walk to school ..... Car ..... Bus/Train .....

*Please put a tick by meal arrangements which apply to your child*

Free school meal ..... Packed lunch .....

Packed lunch but entitled to free school meals .....

Name and address of family doctor: .....

.....

Does your child have any medical needs: .....

Is your child allergic to anything? (medication, food etc.) .....

/continued

Parent/Guardian Details - please complete this section **for both parents wherever** possible so we are able to access all funding required for our school community. Thank you.

1. Parent Full Name		2. Parent Full Name	
1. Parent Date of Birth		2. Parent Date of Birth	
3. National Insurance Number		3. National Insurance Number	

How would you describe your child's ethnicity? (e.g. White, White British, Black British, Asian, East European etc.) .....

Child's Country of birth (this information is voluntary) .....

Child's Nationality (this information is voluntary) .....

Child's religion? (Catholic, Church of England, Muslim etc.) .....

Child's home language (English, French, Polish etc.) .....

Please use this sheet for any contact information we can use for your child in case of emergency/accident

NAME	ADDRESS	RELATIONSHIP TO CHILD	TELEPHONE NUMBER

Thank you for completing - please return to school asap.