

CRANFORD CE PRIMARY SCHOOL
PUPIL DATA COLLECTION SHEET



We need to collect the following information in order to:

- Fulfil our functions in providing schooling and so we can look after our pupils, and
- Meet legal requirements imposed upon us such as our duty to safeguard pupils

This means we have a real and proper reason to use this information.

Further details in relation to this are set out in the attached Privacy Notice, which you should read.

Please check that the information below is correct.

Please complete any missing details and return to the school office.

CHILD			
Legal Surname of Child:		Preferred Surname:	
Legal Forename of Child:		Preferred Forename:	
Middle Name:		Date of Birth:	
Gender (please circle)	Male / Female	Previous School: (if applicable)	
PARENT / CARER 1		PARENT / CARER 2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Parental responsibility?	Yes / No	Parental responsibility?	Yes / No
Is there is a Court Order in Place		Yes / NO	If YES please provide a copy
ADDRESS DETAILS - PARENT / CARER 1		ADDRESS DETAILS - PARENT / CARER 2	
Please include an e-mail address as most school communications are e-mailed [via a Parentmail service]		Please include an e-mail address as most school communications are e-mailed [via a Parentmail service]	
Home Address incl postcode:		Home Address incl postcode:	
E-mail		E-mail	
Home Telephone:		Home Telephone:	
Mobile Telephone:		Mobile Telephone:	
Does the child live at this address?	Yes / No	Does the child live at this address?	Yes / No
EMERGENCY CONTACTS INCLUDING PARENTS/CARERS - Please provide a minimum of 3			
Name (in contact priority order):	Relationship to Child:	Phone Numbers:	
PRIORITY 1		Mobile:	
		Home:	
		Work:	
PRIORITY 2		Mobile:	
		Home:	
		Work:	
PRIORITY 3		Mobile:	
		Home:	
		Work:	

MEDICAL DETAILS	
Doctors Name:	Surgery Tel. No:
Surgery Name & Address:	
Medical Condition/s: (including allergies)	
ETHNICITY, LANGUAGE, ETC.	
The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in [Northampton] [Rutland] schools.	
FIRST LANGUAGE:	
LANGUAGES SPOKEN AT HOME:	
ETHNICITY - Circle one choice:	
WHITE -	British / Irish / Traveller / Any Other White Background
BLACK/BLACK BRITISH -	Carribean / Somalian / Other Black African / Any Other Black background
ASIAN/ASIAN BRITISH -	Indian / Pakistani / Bangladeshi / Any Other Asian Background
MIXED/DUAL BACKGROUND -	White & Black Caribbean / White & Black African / White & Asian / Any Other Mixed
OTHER BACKGROUND -	Vietnamese / Chinese / Other Ethnic Group
REFUSE -	I do not wish to record ethnic background
RELIGION:	Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / NO religion / Refused
DISABILITY - including NONE	
DISABILITY: YES / NO	Full Name of person completing this form:
If Yes, please give details	
	Signature of person completing this form:
	Date: