

Data Collection Sheet

Chosen Surname: Chosen Forename: Middle Name: Date of Birth: Address: Post Code:	Legal Surname: Legal Forename: Gender: Reg Group: OR Year Group:	
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Please give details of persons who have parental responsibility in the first section and then 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.

Priority	Name/Relationship	Contact Details	Work Details
1		Mobile: _____ Home: _____ Primary Email: _____ Address (If different from above)	Tel: _____
2		Mobile: _____ Home: _____ Primary Email: _____ Address (If different from above)	Tel: _____

Please add any additional contacts below

Priority	Name/Relationship	Contact Details	Work Details
		Tel: _____	Tel: _____

Travel Arrangements:	please tick the appropriate choice below		
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Car	<input type="checkbox"/> EA Bus	<input type="checkbox"/> Taxi
<input type="checkbox"/> School Coach	<input type="checkbox"/> Walk	<input type="checkbox"/> Public Road Transport	

Medical Practice:
Address:
Telephone Number:

Medical Condition(s)

Student Disability:			
<input type="checkbox"/> No Disability	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Mental Impairment	<input type="checkbox"/> Physical and Mental Impairment

Ethnicity :	Religion:	
Home Language:		

The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)
 The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education

Signature:	Date:
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