

## DATA COLLECTION SHEET NORRIS BANK PRIMARY SCHOOL

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:			
Address:			
Post Code:			
Telephone:			
Email:			
Distant New Is			
Dietary Needs			
Dietary Preferences			
Meal Arrangement	School Meal Paid / Free So	chool Meal / Packed Lunch	(circle as appropriate)
Medical Practice:			
Address:			
Telephone Number:			
Medical Condition(s)			

This may be shared with the school nurse.

## <u>Please give details of all persons who have parental responsibility and anyone else you wish</u> to be contacted in an emergency. Place them in the order that you wish for them to be contacted.

Priority	Name/Relationship	Home Address/Phone/Mobile	Work Address Phone/Email
		Tel:	Tel:
		Email:	Email:
		Tel: Email:	Tel: Email:
		Tel: Email:	Tel: Email:

Ethnicity:	Country of Birth:			
Home Language:	Religion:			
First Language:				
<b>Data Protection Act 1998:</b> 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 Authority and with the DCSF.				
Signature:	Date:			