



Data Collection Sheet

please check that the information is correct, fill in all areas

Surname: Legal Surname:

Forename: Middle Name:

Chosen Name: Gender: **Male / Female**

DOB: Year Group: Reg Group

Address:

..... Post Code:

People with parental responsibility and anyone else you wish to be contacted in an emergency

Name: Relationship:

Address:

Work Address/Phone Number:

Name: Relationship:

Address:

Work Address/Phone Number:

Travel Arrangement: Bicycle / Train / Walk / Car / Taxi / School Coach / Public Transport

Route:

Dietary Needs: Free School Meal / Paid School Meal / Sandwiches / Home / Other

Family Doctor: Telephone:

Address:

Ethnicity: Religion: Language:

Data Protection Act 1998: The College is registered under the Data Protection Act for holding personal data. The College has a duty to protect this information and to keep it up to date. The College is required to share some of the data with the Local Education Authority/DFE

Signature: